



2014 NEEDS AND ASSETS REPORT

NORTHWEST MARICOPA REGIONAL PARTNERSHIP COUNCIL



FIRST THINGS FIRST

Ready for School. Set for Life.

Northwest Maricopa Regional Partnership Council

2014

Needs and Assets Report

Prepared by the
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Funded by
First Things First Northwest Maricopa Regional Partnership Council

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FIRST THINGS FIRST

Letter from the Chair

October 20, 2014

Message from the Chair:

The past two years have been rewarding for the First Things First Northwest Maricopa Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families.

The First Things First Northwest Maricopa Regional Partnership Council will continue to advocate and provide opportunities as indicated throughout this report.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Northwest Maricopa Region in 2012 and the new 2014 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Northwest Maricopa Regional Council would like to thank our Needs and Assets vendor, the Norton School of Family and Consumer Sciences for their knowledge, expertise and analysis of the Northwest Maricopa region. The new report will help guide our decisions as we move forward for young children and their families within the Northwest Maricopa region.

Going forward, the First Things First Northwest Maricopa Regional Partnership Council is committed to meeting the needs of young children by providing essential services and advocating for social change.

Thanks to our dedicated staff, volunteers and community partners, First Things First is making a real difference in the lives of our youngest citizens and throughout the entire State.

Thank you for your continued support.

Sincerely,



Dr. Deborah J. Pischke, Chair

First Things First Northwest Maricopa Regional Partnership Council

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Introductory Summary and Acknowledgments

The way in which children develop from infancy to well-functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and thus, in turn, is fundamental to all aspects of wellbeing of our communities, society and the State of Arizona.

This Needs and Assets Report for the Northwest Maricopa Geographic Region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The needs young children and families face are outlined in the executive summary and documented in further detail in the full report.

The First Things First Northwest Maricopa Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. This report provides basic data points that will aid the Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

Acknowledgments:

The First Things First Northwest Maricopa Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in numerous work sessions and community forums throughout the past two years. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the Northwest Maricopa Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the region and the entire State.

We also want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the American Community Survey, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, the Arizona Health Care Cost Containment System and the Indian Health Service for their contribution of data for this report.

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Executive Summary

The Northwest Maricopa Region is comprised of several communities within the northwestern portion of Maricopa County, including Aguila, El Mirage, Glendale, Morristown, Peoria, Sun City, Sun City West, Surprise, Waddell (Citrus Park), Wickenburg, Wittmann, and Youngtown. The region is geographically diverse, spanning urban cities proximal to downtown Phoenix as well as sparsely populated communities bordering Yavapai and La Paz Counties.

According to U.S. Census data, the Northwest Maricopa Region had a population of 682,256 in 2010, of whom 55,083 (8%) were children under the age of six. Although the region has a slightly lower proportion of households with young children when compared with Arizona overall, this proportion varies widely throughout the region. The community of El Mirage has the highest proportion of households with young children in the region (30%). In Glendale, which is the most populous community in the region, 18 percent of households have at least one child aged birth through five. Recent data indicate that the population of young children in the Northwest Maricopa Region is growing. Between the 2000 and 2010 census, the population of children aged birth through five increased by 31 percent, greatly outpacing Maricopa County (17%) and Arizona overall (19%). Birth projections for Maricopa County suggest a continued trajectory of population growth.

Most children in the Northwest Maricopa Region (83%) are living with at least one parent, and the majority of children not living with a parent live with other relatives such as grandparents, uncles, or aunts (15%). The proportion of children living in a grandparent's household in the region is equivalent to state and county averages (5%), but in some communities in the region this proportion is much higher. In Aguila, about 17 percent of children are living in a grandparent's household, and in Wittmann a quarter (25%) of children are living in a grandparent's household.

Nearly three quarters (72%) of adults in the Northwest Maricopa Region identify as White, non-Hispanic. About 20 percent of adults identified as Hispanic. There are some differences between race and ethnicity proportions for adults and race and ethnicity proportions for young children in the region. Notably, 48 percent of young children (ages 0-4) are White (compared to 72% of adults) and 40 percent are Hispanic or Latino (compared to 20% of adults).

The majority of families in the Northwest Maricopa Region speak English at home (81%), and most of the remaining families speak Spanish at home (14%). Linguistic isolation in the region is low overall, at three percent. However, some communities in the region have higher levels of linguistic isolation: Aguila (20%), El Mirage (9%), Glendale (6%), and Youngtown (6%).

Poverty levels tend to be slightly lower in the Northwest Maricopa Region than they are in Maricopa County overall. In the Northwest Maricopa Region, 12 percent of the total population and 21 percent of children aged birth through five are living in poverty (compared to 16% of the total population and 25% of children aged birth through five in Maricopa County overall). However, poverty levels vary markedly in communities across the region. Public assistance program participation and median family income data further illustrate both pockets of affluence and pockets of economic need within the region.

About the same proportion of third graders in school districts in the Northwest Maricopa Region pass the Arizona Instrument to Measure Standards (AIMS) math and reading tests as in the state and county overall. Graduation rates among school districts in the Northwest Maricopa Region are above the state rate. More than half of births in the Northwest Maricopa Region are to mothers with more than high school-level education, and this percentage has steadily increased in the last few years.

However, data also suggest that there may be barriers to accessing early education opportunities in the region. In the Northwest Maricopa Region, only 28 percent of children ages three and four are estimated to be enrolled in early education settings (compared to the state and county estimate of 34%), and when looking across the region's communities, this percentage drops to as low as five percent (Wittmann). In Glendale, which is home to more than 40 percent of children aged birth through five in the region, only one quarter of these children are estimated to be enrolled in early education settings.

The total licensed capacity for regulated child care providers in the region is 21,124, according to data provided to First Things First by the Department of Economic Security (DES) and Child Care Resource and Referral (CCR&R). This is less than half the total population of children aged birth through five in the region, although it is important to note that this statistic excludes Head Start Centers as well as unregulated providers (including family and friend care).

The Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care, and data about the cost of child care by percent of median family income suggests that the cost of child care may be an obstacle to accessing early education for families in the Northwest Maricopa Region. The First Things First Northwest Maricopa Region funds Quality First scholarships for 708 children aged birth through five in the region to help low-income families afford quality early education.

A variety of professional development opportunities are available in the Northwest Maricopa Region through community colleges and organizations such as Child & Family Resources and Southwest Human Development. The Northwest Maricopa Region funds TEACH and non-TEACH scholarships in order to make professional development opportunities more accessible for early

childhood professionals. The wide breadth of professional development opportunities is a substantial asset to the region.

There are many hospitals, urgent care centers, and family medicine clinics in the Northwest Maricopa Region. Even so, the ratio of the population to primary care providers is very high for some communities in the region, most notably in Glendale, El Mirage, and Wickenburg. However, data suggest that prenatal care is accessible and well-utilized in the Northwest Maricopa Region, and the percent of births with fewer than five prenatal care visits has slightly declined between the years 2009 and 2012. The percent of births that are preterm births has also steadily declined in recent years. Tobacco use during pregnancy in the Northwest Maricopa Region is slightly higher than the state average, and exceeds the Healthy People 2020 target for tobacco use during pregnancy.

Child welfare is an important issue in Arizona, Maricopa County, and the Northwest Maricopa Region. Child removals by CPS increased by 37 percent between 2011 and 2013 in the region, and the number of children currently in foster care who were removed between birth and age five has also increased. Data indicate a shortage of foster homes in communities throughout the Northwest Maricopa Region, with the greatest shortage in Glendale.

Data from the First Things First Family and Community Survey (2012) suggest that parental involvement in the Northwest Maricopa Region is higher than in the state overall. A variety of services that support families with young children, such as family resource centers and home visitation programs, are available in the region with funding from the First Things First Northwest Maricopa Regional Partnership Council. Data from the Family and Community Survey suggest a perception among families in the region that overall system coordination could be improved. However, new collaborative efforts in Maricopa County to improve system coordination may help address this need.

Notable assets in the region include the variety of opportunities for families created by the region's proximity to the Phoenix metropolitan area; numerous professional development opportunities through local community colleges; TEACH and non-TEACH scholarships funded by the region which enable more early childhood professionals to access these professional development opportunities; high rates of prenatal care throughout the region; resources for teenage parents; family resource and home visitation strategies funded by the region; and ongoing efforts to improve system coordination.

Notable challenges in the region include a low proportion of children enrolled in early education settings; a shortage of dental health care providers for young children; fewer services and resources in sparsely populated communities in the region; a shortage of foster homes; and the need for outreach to Spanish-speaking families, especially those that are linguistically isolated.

Although the Northwest Maricopa Region faces some challenges to providing comprehensive support for families with young children due to the diversity of the population and the geographical spread of the region, the First Things First Northwest Maricopa Regional Partnership Council is committed to the ideal that all children in the Northwest Maricopa Region should arrive at kindergarten healthy and prepared to succeed. The Council's commitment to this work is helping to move the Northwest Maricopa Region closer to this goal.

Who are the families and children living in the Northwest Maricopa Region?

Overview of the Northwest Maricopa Region

The Northwest Maricopa Region is comprised of several communities within the northwestern portion of Maricopa County. The region includes the cities of Peoria, El Mirage, Glendale, Surprise, and Wickenburg; the Census Designated Places (CDP's) of Aguila, Morristown, Sun City, Sun City West, Waddell (Citrus Park) and Wittmann; and the town of Youngtown. The cities of Peoria and Wickenburg extend into Yavapai County. The region is geographically diverse, spanning urban cities proximal to downtown Phoenix as well as sparsely populated communities bordering Yavapai and La Paz counties. The Northwest Maricopa Region is bordered by five other First Things First regions: La Paz/Mohave, Yavapai, Phoenix North, Phoenix South, and Southwest Maricopa.

The Twelve Communities of the Northwest Maricopa Region

For this report, the Northwest Maricopa Region will be divided into 12 communities. Each community corresponds roughly to one incorporated city or one unincorporated place, but is defined as a set of one or more zip codes. The communities are Aguila (85320), El Mirage (85335), Glendale (85301, 85302, 85303, 85304, 85305, 85306, 85307, 85308, and 85310), Morristown (85342), Peoria (85345, 85381, 85382, and 85383), Sun City (85351 and 85373), Sun City West (85375), Surprise (85374, 85378¹, 85379, 85387, and 85388), Waddell (85355), Wickenburg (85390), Wittmann (85361), and Youngtown (85363).

Two of the Northwest Maricopa zip codes (85304 and 85306) are split with the Phoenix North Region. The western parts of these zip codes lie in the city of Glendale, and are assigned to the Northwest Maricopa Region. (The boundary between Glendale and Phoenix runs down 51st Avenue, makes a diagonal at the Arizona Canal, then continues down 43rd Avenue.)

Three of the Northwest Maricopa zip codes (85320, 85342, and 85390) extend into the southern part of Yavapai County, but the majority of the population in each live on the Maricopa County side.

Note also that our definition of the communities is based on the zip code areas. The incorporated cities and towns in the region (Glendale, Peoria, Surprise, El Mirage, Wickenburg, and Youngtown) have their own boundaries. In this report, data for the community of

¹ 85378 is the eastern portion of Surprise, east of Grand Avenue. The zip code was created from 85374 in July of 2010. This zip code therefore does not appear in Census 2010 data, and it is also not included in the 2008-2012 ACS data. In this report, all residents of what is now 85378 are therefore counted in 85374.

Wickenburg, for example, will include the entire 85390 zip code area, which is larger than the incorporated town of Wickenburg.

There are also nine non-geographical zip codes assigned to the Northwest Maricopa Region which are primarily used for post offices boxes: 85311, 85312, 85318, 85358, 85372, 85376, 85380, and 85385. These postal codes are not zip code tabulation areas as designated by the census, and these zip codes are not included in this report.

In most of the tables in this report, data for the entire Northwest Maricopa Region will be in the top row. The next 12 rows report the data for the 12 communities. In the last two rows, data for Maricopa County and for the state of Arizona will be presented.

It should be noted that the Northwest Maricopa Region includes just over one-sixth of the total population of Maricopa County. Therefore, although county-level estimates provide a useful context for regional data, county-level data should not be assumed to be accurately representative of the Northwest Maricopa Region. This report uses region-specific data whenever it is available.

Regional Boundaries and Report Data

First Things First Regional boundaries were established in 2007 according to the following guidelines:

- They should reflect the view of families in terms of where they access services
- They should coincide with existing boundaries or service areas of organizations providing early childhood services
- They maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council
- They allow for the collection of demographic and indicator data
- They provide flexibility for Tribal Nations to become their own region, or to partner with one or more Regions in the geographic area

These guidelines were used to establish the Northwest Maricopa Region.

Population counts published in the Regional Needs and Assets reports may vary from those provided by First Things First. First Things First's population methodology is based on 2010 Census Blocks while this report uses the 2010 Census Zip Code Tabulation Areas (ZCTAs) to define the region.

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, and data requested from regional agencies specifically for this report.

The UA Norton School is contractually required to follow First Things First Data Dissemination and Suppression Guidelines. The level of data (community, zip code, etc.) that is presented in this report is therefore driven by these guidelines:

- “For data related to **social service** and **early education** programming, all counts of **fewer than ten**, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education or social service program (such as Quality First, TANF, family literacy, etc.)”
- “For data related to **health or developmental delay**, all counts of **fewer than twenty-five**, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed. Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight; etc.”

-First Things First—Data Dissemination and Suppression Guidelines for Publications

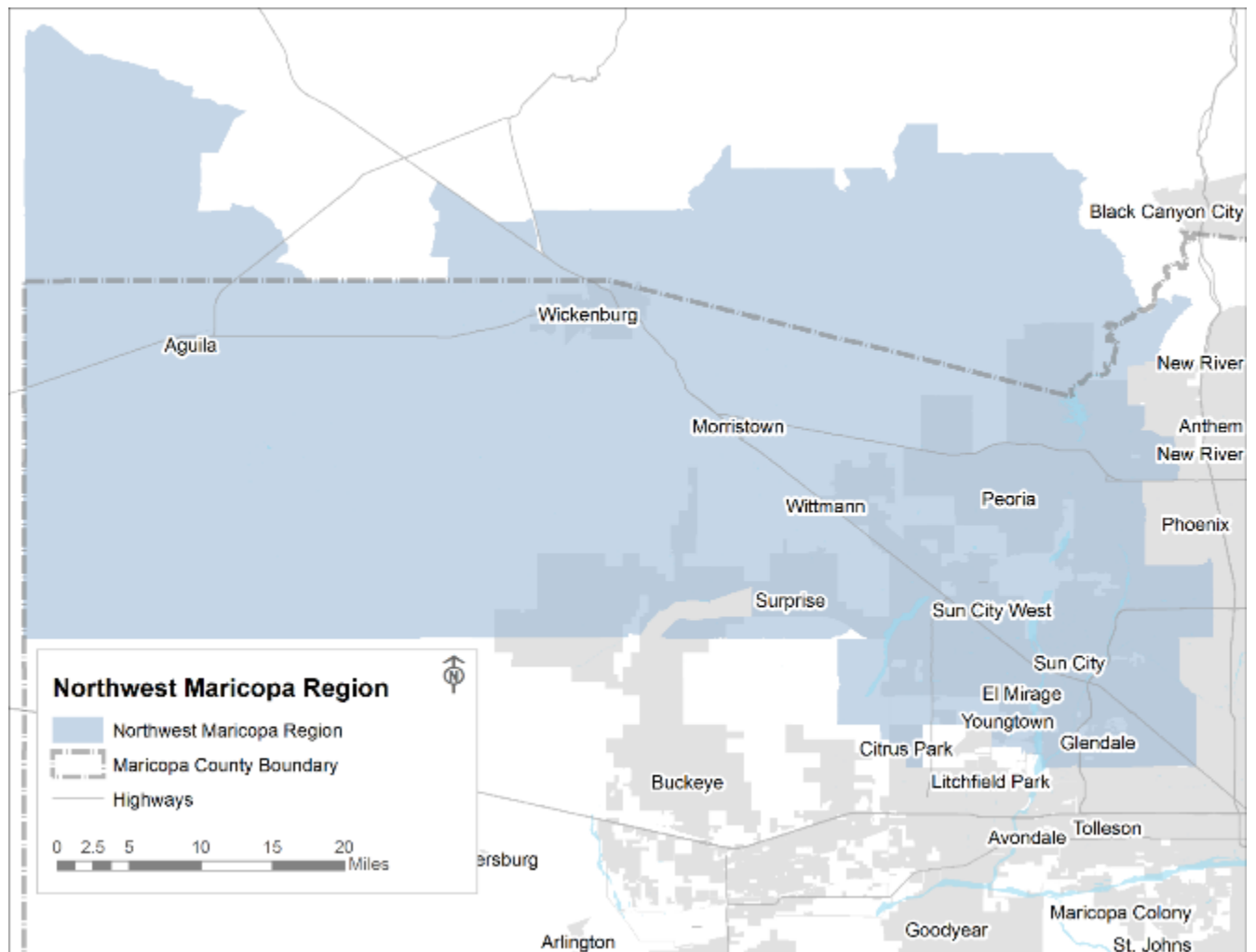
Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS (Data Suppressed).

Please also note that some data, such as that from the American Community Survey, are estimates that may be less precise for smaller areas.

General Population Trends

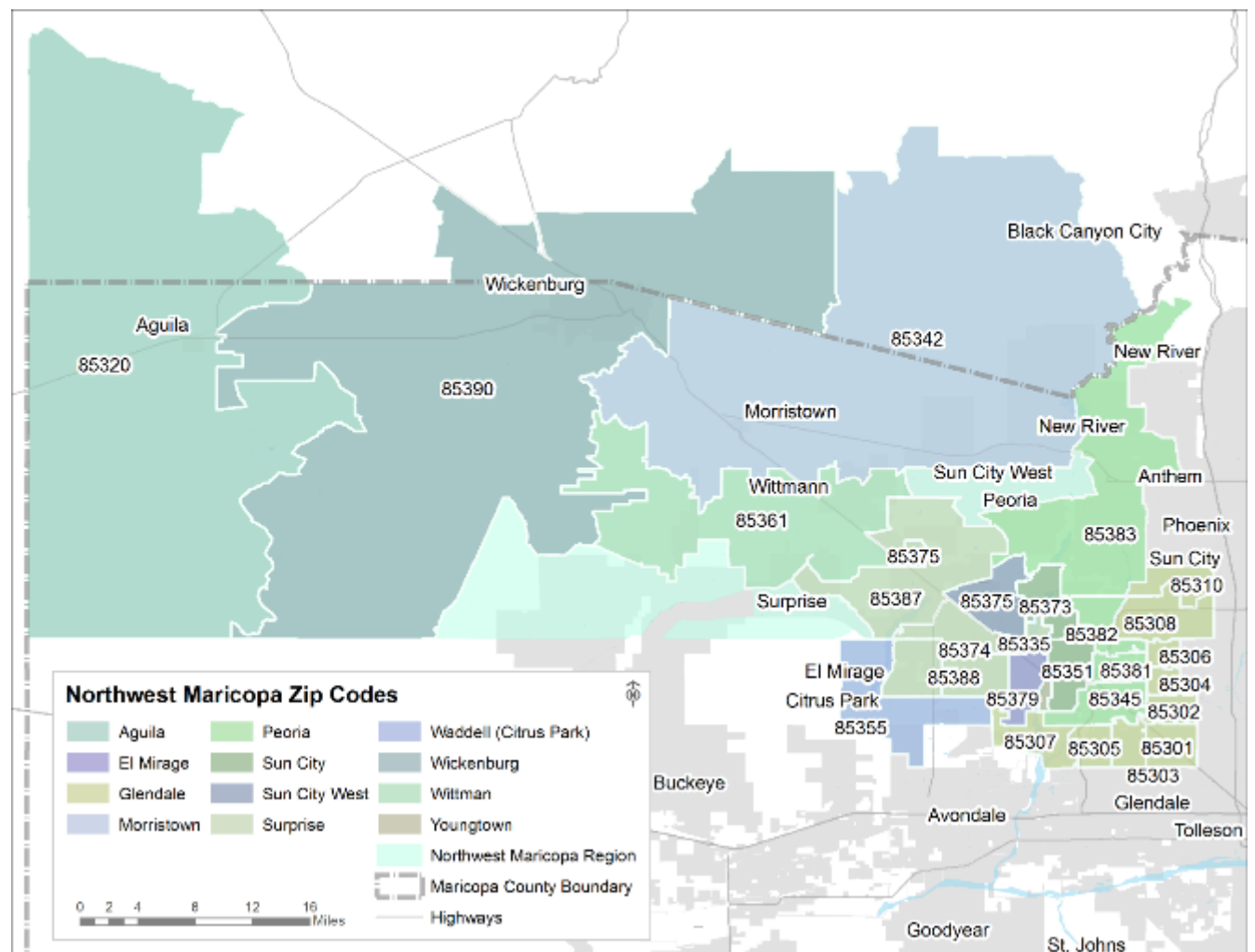
The following maps illustrate the geography of the Northwest Maricopa Region. Figure 1 provides a geographic overview of the Northwest Maricopa Region. Figure 2 illustrates the zip codes and communities in the Northwest Maricopa Region, and Figure 3 shows the school districts in the region.

Figure 1. The Northwest Maricopa Region



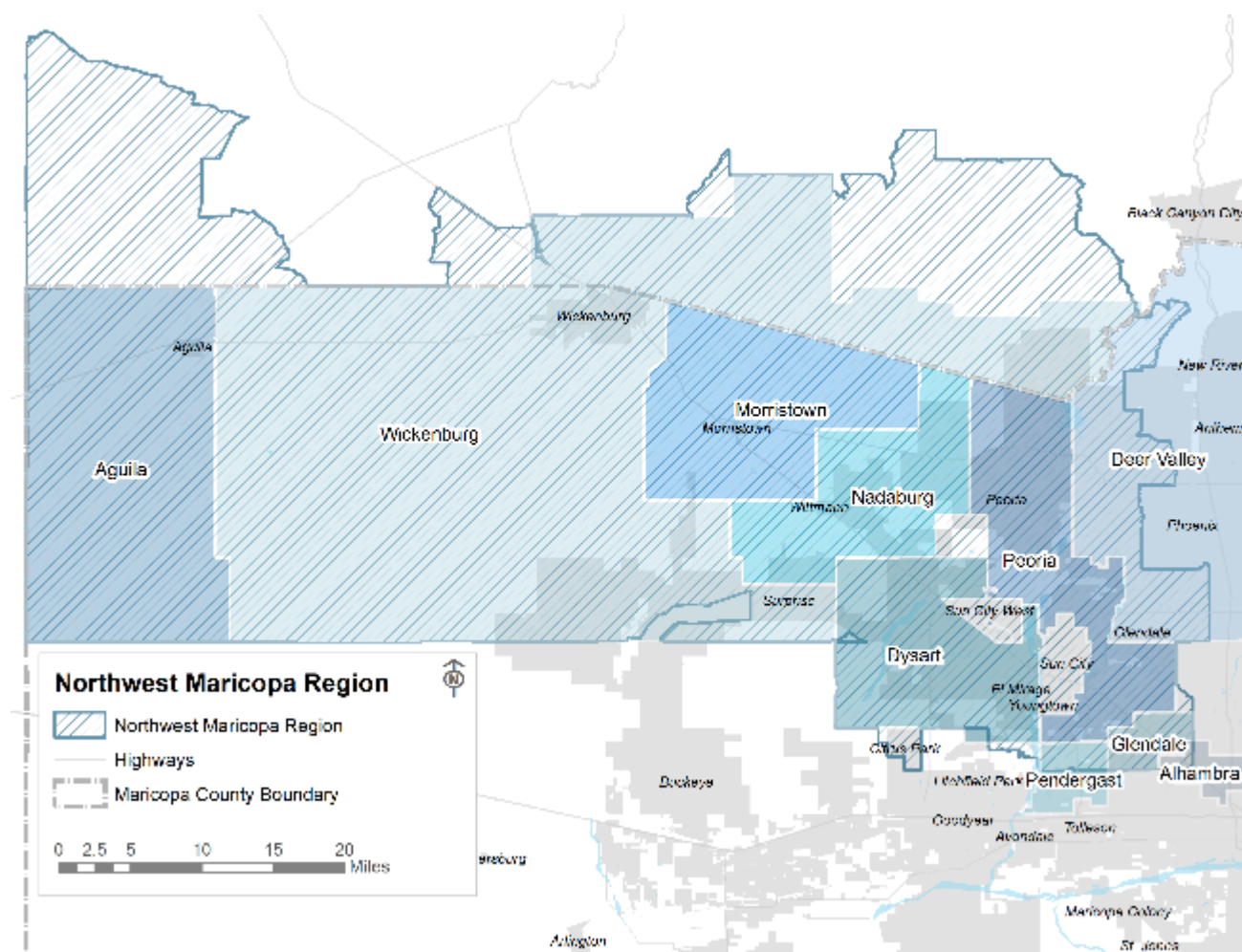
Source: 2010 TIGER/Line Shapefiles prepared by the US Census

Figure 2. The Northwest Maricopa Region by zip code



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

Figure 3. School districts in the Northwest Maricopa Region



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Northwest Maricopa Region had a population of 682,256 in 2010, of whom 55,083 (8%) were children under the age of six. The following table lists the 2010 populations for the region, the state, and Maricopa County. Also listed are the number of households (individual housing units) in the region, and the number and percentage of those households in which at least one child under six resides.

Table 1. Population and households with children ages 0-5²

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Northwest Maricopa Region	682,256	55,083	260,145	39,428	15%
Aguila	1,197	103	407	65	16%
El Mirage	31,787	4,049	9,414	2,816	30%
Glendale	266,590	23,656	93,355	16,879	18%
Morristown	1,578	116	655	79	12%
Peoria	158,093	12,355	58,438	9,051	15%
Sun City	45,145	787	26,109	554	2%
Sun City West	26,709	33	16,013	25	0%
Surprise	120,935	11,490	44,440	8,232	19%
Waddell (Citrus Park)	8,745	901	2,733	623	23%
Wickenburg	8,621	458	3,857	323	8%
Wittmann	6,700	532	2,254	370	16%
Youngtown	6,156	603	2,470	411	17%
Maricopa County	3,817,117	339,217	1,411,583	238,955	17%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

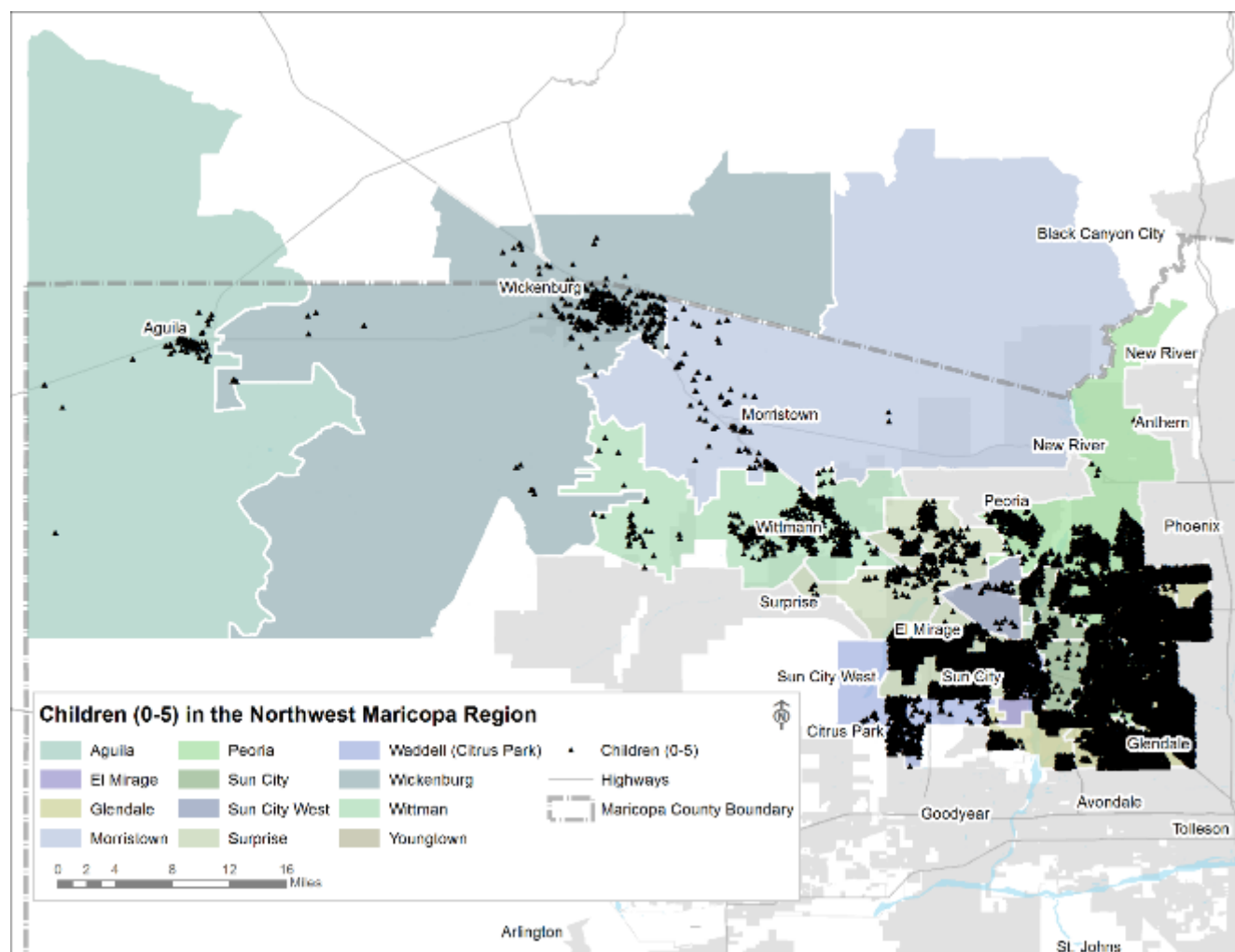
US Census (2010). Tables P1, P14, P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The Northwest Maricopa Region has a slightly lower proportion (15%) of households with young children than in Maricopa County (17%) and in Arizona overall (16%). However, this proportion varies widely throughout the region. The community of El Mirage has the highest proportion of households with young children of all communities in the region (30%), and the community of Waddell (Citrus Park) also has a high proportion of households with young children (23%). In Glendale, the most populous community in the region, 18 percent of households have at least one child aged birth through five. US Census (2010) population and household data by ZCTA (zip code tabulation area) for all ZCTA's in the region can be found in Appendix 5.

Figure 4 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. One triangle on the map represents the approximate location of one child under the age of six. The dots do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010. Gray areas in the map are unincorporated in the Northwest Maricopa Region.

² The geography in this table will be used for tables that include Census or American Community Survey Data. We are committed to attempting to provide data at the most regionally-specific level, but please be aware that other data sources may not be available at this level. Some may only be available for larger geographic areas.

Figure 4. Geographic distributions of children under six according to the 2010 Census (by census block)



US Census (2010) Table P14, and 2010 TIGER/Line Shapefiles prepared by the US Census. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Overall, the population of Arizona increased substantially between 2000 and 2010, and the population of young children increased by about one-fifth (see Table 2). The Northwest Maricopa Region experienced an even greater overall population increase (36%) between the 2000 census and the 2010 census, with the number of children under six increasing by a slightly smaller percentage (31%). Most communities in the Northwest Maricopa Region grew between 2000 and 2010 in total population, and only two communities in the region experienced a decrease in the number of children under six (Glendale: -11% and Wickenburg: -5%).

Table 2. Population changes from 2000 to 2010 in the number of children aged 0-5³

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Northwest Maricopa Region	500,903	682,256	+36%	42,168	55,083	+31%
Aguila	1,095	1,197	+9%	75	103	+37%
El Mirage	7,609	31,787	+318%	1,109	4,049	+265%
Glendale	261,754	266,590	+2%	26,698	23,656	-11%
Morristown	1,390	1,578	+14%	80	116	+45%
Peoria	111,481	158,093	+42%	10,026	12,355	+23%
Sun City	41,787	45,145	+8%	314	787	+151%
Sun City West	26,293	26,709	+2%	7	33	+371%
Surprise	32,263	120,935	+275%	2,720	11,490	+322%
Waddell (Citrus Park)	3,041	8,745	+188%	254	901	+255%
Wickenburg	7,985	8,621	+8%	481	458	-5%
Wittmann	3,180	6,700	+111%	302	532	+76%
Youngtown	3,045	6,156	+102%	104	603	+480%
Maricopa County	3,072,149	3,817,117	+24%	288,772	339,217	+17%
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%

Source: US Census (2010). Tables P1, P14; US Census, 2000, Table QT-P2. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

These data indicate that the number of families with young children in the Northwest Maricopa Region has been growing more rapidly than in Maricopa County and in Arizona overall. Several communities in the region experienced an increase in the population of children under six of more than 150 percent between 2000 and 2010: El Mirage (+265%), Sun City (+151%), Sun City West (+371%), Surprise (+322%), Waddell (Citrus Park) (+255%), and Youngtown (+480%).

Population projections for Maricopa County and Arizona suggest a trajectory of continued growth in the county and in Arizona overall. Table 3 details overall population projections for Maricopa County and the state. As the population of families with young children continues to increase, the demand for services supporting these families is likely to continue to grow.

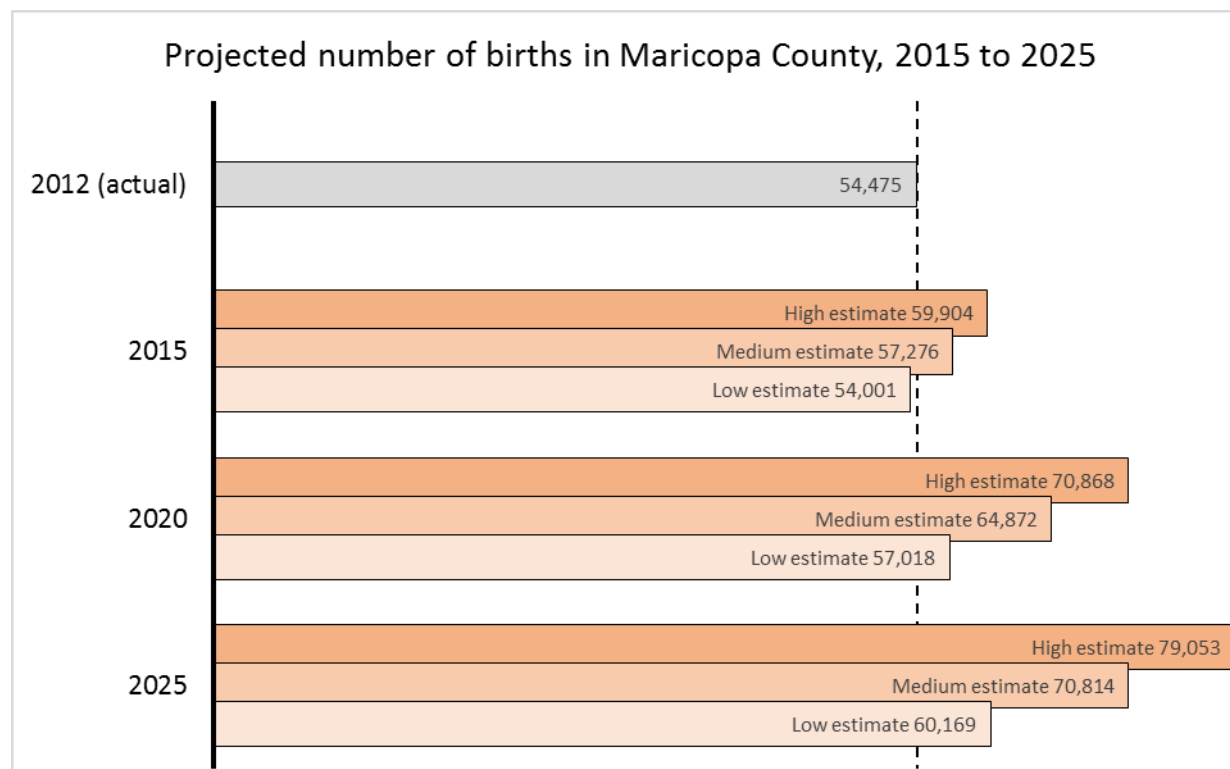
³ The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: Percent Change=(Number in Year 2-Number in Year 1)/(Number in Year 1) ×100

Table 3. Population projections for Maricopa County and the state

GEOGRAPHY	2010 CENSUS (AGES 0-5)	2015		2020		2025	
		POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010	POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010	POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010
Maricopa County	339,217	330,840	-2%	373,696	+10%	412,770	+22%
Arizona	546,609	537,167	-2%	610,422	+12%	672,844	+23%

Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections (Medium series)"

Birth projections are also available over the next decade. The Arizona Department of Administration (ADOA) produces population projections for the state of Arizona and each of the 15 counties. These projections use estimates of births, deaths, and migration to forecast the population by age, sex, and race/ethnicity over the next few decades. Using alternative assumptions, high and low estimates are calculated, in addition to the baseline (or medium) estimates. As can be seen in the following figure, even the low estimate for birth projection estimates shows an increase in births through 2025 in Maricopa County.

Figure 5. Birth projections for Maricopa County

Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections"

Additional Population Characteristics

Household Composition

In the Northwest Maricopa Region, about 83 percent of children under six are living with at least one parent according to 2010 Census data (U.S. Census Bureau, Tables P20 and P32). The majority of children not living with their parents are living with other relatives such as grandparents, uncles, or aunts (15%). This distribution is similar to that of the state overall (82% and 16%, respectively). Overall, living arrangements for young children in the Northwest Maricopa Region very closely mirror living arrangements for young children in Arizona. This is illustrated by Figure 6 and Figure 7.

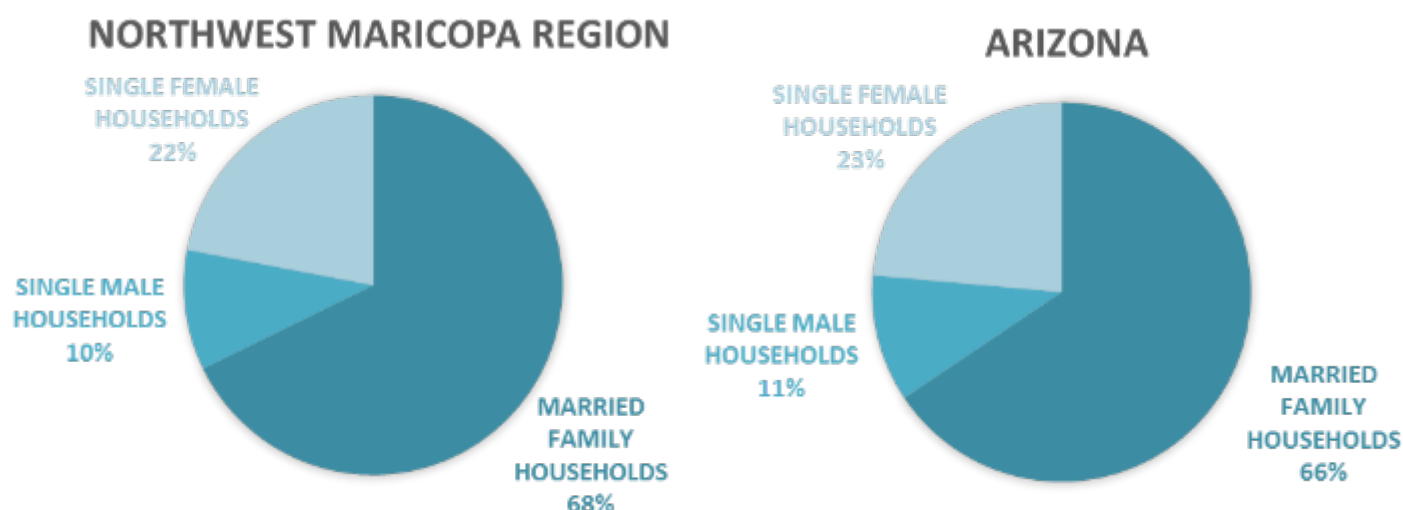
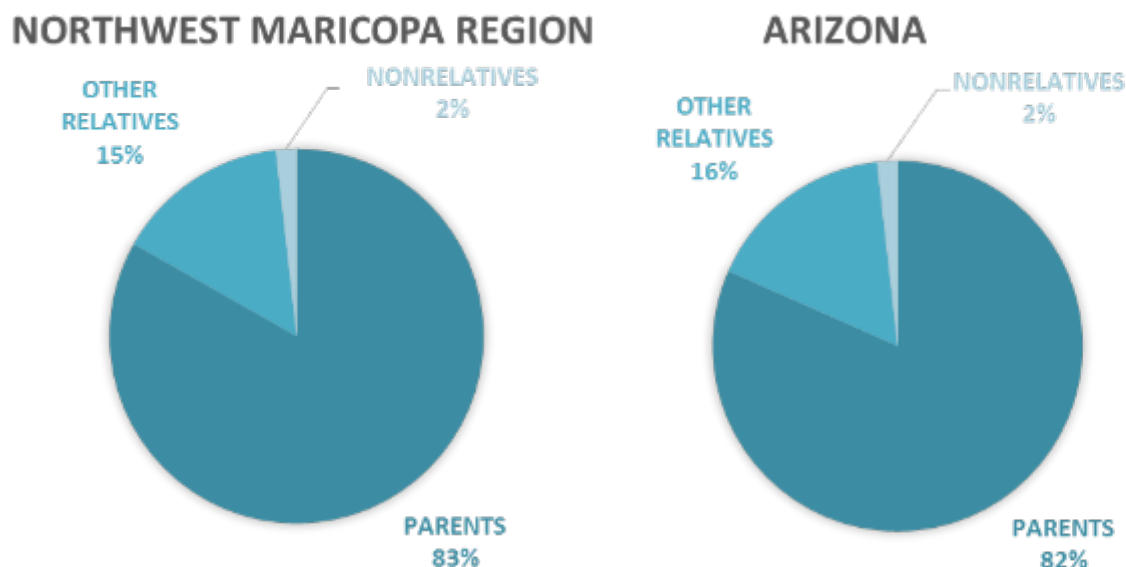


Figure 6. Type of households with children (0-5) in the state and Northwest Maricopa Region

US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Figure 7. Living arrangements for children in the state and the Northwest Maricopa Region



US Census (2010). Table P32. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The 2010 Census provides additional information about multi-generational households and children birth through five living in a grandparent's household. Just over 50 percent of grandparents with a child living in their household are estimated to be the primary caregivers for their grandchildren.⁴ In Arizona, over 74,000 children aged birth to five (14%) are living in a grandparent's household. The Arizona Children's Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for grandchildren under 18 have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.⁵

⁴ More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

⁵ Children's Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf>.

Table 4. Number of children living in a grandparent's household

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
Northwest Maricopa Region	55,083	6,830	12%	260,145	11,911	5%
Aguila	103	17	17%	407	25	6%
El Mirage	4,049	523	13%	9,414	860	9%
Glendale	23,656	3,452	15%	93,355	5,632	6%
Morristown	116	14	12%	655	24	4%
Peoria	12,355	1,428	12%	58,438	2,679	5%
Sun City	787	80	10%	26,109	196	1%
Sun City West	33	8	24%	16,013	46	0%
Surprise	11,490	963	8%	44,440	1,896	4%
Waddell (Citrus Park)	901	102	11%	2,733	179	7%
Wickenburg	458	52	11%	3,857	84	2%
Wittmann	532	132	25%	2,254	192	9%
Youngtown	603	59	10%	2,470	98	4%
Maricopa County	339,217	40,250	12%	1,411,583	66,720	5%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

US Census (2010). Table P41, PCT14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

In the Northwest Maricopa Region, 12 percent of children under six are living in a grandparent's household (Table 4). This is equivalent to the county proportion, and slightly below the state proportion (14%). In some communities in the region, this rate is much higher: in Aguila, about 17 percent of children are living in a grandparent's household, and in Wittmann a quarter (25%) of children are living in a grandparent's household.

Parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children. Often, grandparents take on childraising responsibilities when parents are unable to provide care because of the parent's death, unemployment or underemployment, physical or mental illness, substance abuse, incarceration, or because of domestic violence or child neglect in the family.⁶ Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren.

There is some positive news for grandparents and great-grandparents who are raising their grandchildren through a CPS placement. Starting in February 2014, these families were offered a \$75 monthly stipend per child. To qualify, a grandparent or great-grandparent must have an

⁶ More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

income below 200% of the FPL. They also must not be receiving foster care payments or TANF cash assistance for the grandchildren in their care.⁷ Those grandparents raising grandkids not in the CPS system might also be eligible for this stipend in coming months if Arizona Senate Bill 1346 is passed.⁸ In addition to this monetary support, a number of programs and services to support grandparents raising their grandkids are available across the state.

Duet,⁹ an organization based in Phoenix, offers a range of services aimed at promoting the health and wellbeing of grandparents raising grandchildren. These services include support groups, workshops, respite assistance, benefit counseling, social therapeutic groups for children, legal guidance, and information and referral. In the Northwest Maricopa Region, Duet currently offers a support group at the First United Methodist Church of Glendale in Glendale, AZ.

Benevilla,¹⁰ a non-profit organization in Surprise, AZ, offers a program specifically for grandparents raising grandchildren called the GRG Program. Benevilla additionally offers a Community Intergenerational Program, which aims to create intergenerational connections in the community. The Community Intergenerational Program includes community gardens, which opened in October 2012, and partnerships with other local organizations such as Rio Salado College Lifelong Learning Center, Lucy Anne's Place, and Wirtzie's Preschool & Child Care. Wittman families are not far from Benevilla (roughly 20 minutes driving distance), and may be able to take advantage of these unique services. However, Aguila families are approximately an hour's drive away from Benevilla.¹¹

In addition to living with grandparents, some children in the region are living with at least one foreign-born parent. In Arizona, just under one-third of children aged birth through five are living with at least one foreign-born parent. In the Northwest Maricopa Region, about one quarter (24%) of children under six are living with at least one foreign-born parent. This is lower than the rates for Maricopa County (33%) and the state overall (29%).

⁷ Children's Action Alliance, January 15, 2014 Legislative Update email.

⁸ Children's Action Alliance, February 21, 2014 Legislative Update email.

⁹ For more information, please visit: <http://duetaz.org/>

¹⁰ For more information, please visit: <http://www.benevilla.org/>

¹¹ Driving times are based on Google Maps estimates calculated in July 2014.

Table 5. Children (0-5) living with one or two foreign-born parents

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS
Northwest Maricopa Region	55,083	24%
Aguila	103	79%
El Mirage	4,049	33%
Glendale	23,656	33%
Morristown	116	45%
Peoria	12,355	18%
Sun City	787	1%
Sun City West	33	0%
Surprise	11,490	14%
Waddell (Citrus Park)	901	8%
Wickenburg	458	10%
Wittmann	532	0%
Youngtown	603	36%
Maricopa County	339,217	33%
Arizona	546,609	29%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B05009. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The proportion of children living with at least one foreign-born parent varies widely by community, ranging from zero to 79 percent across the region. In Glendale, which has the largest population of children under six of all communities in the region, 33 percent of children under six are living with at least one foreign-born parent.

Race and Ethnicity

The racial breakdown in the Northwest Maricopa Region also varies by community. Most communities in the region are predominantly White, according to the 2010 Census (U.S. Census Bureau, Table P11). The proportion of individuals identifying as White is lowest in Aguila and El Mirage, where a higher proportion of individuals identify as Hispanic (51% and 43%, respectively).

Table 6. Race and ethnicity for adults

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Northwest Maricopa Region	511,831	20%	72%	4%	1%	3%	1%
Aguila	903	51%	46%	1%	1%	0%	1%
El Mirage	20,512	43%	46%	6%	1%	2%	2%
Glendale	192,586	28%	61%	5%	1%	4%	2%
Morristown	1,242	10%	87%	0%	1%	1%	1%
Peoria	116,485	16%	76%	3%	1%	3%	1%
Sun City	43,007	3%	94%	1%	0%	1%	1%
Sun City West	26,615	1%	96%	1%	0%	1%	0%
Surprise	87,852	15%	76%	4%	0%	3%	1%
Waddell (Citrus Park)	6,052	18%	74%	4%	0%	3%	1%
Wickenburg	7,095	11%	87%	0%	1%	0%	1%
Wittmann	4,884	19%	77%	1%	1%	1%	1%
Youngtown	4,598	27%	65%	4%	1%	3%	1%
Maricopa County	2,809,256	25%	64%	4%	1%	4%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

US Census (2010). Table P11. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

There are some differences between race and ethnicity proportions for adults and race and ethnicity proportions for young children in the region. As shown in Table 7, in the Northwest Maricopa Region, 48 percent of young children are White (compared to 72 percent of adults) and 40 percent are Hispanic or Latino (compared to 20 percent of adults). Racial proportions of adults and young children across the region overall are approximately equivalent (within one or two percentage points) for the other race and ethnicity categories offered by the Census: Black or African America, American Indian, and Asian or Pacific Islander.

Table 7. Race and ethnicity for children ages 0-4¹²

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
Northwest Maricopa Region	45,659	40%	48%	5%	1%	3%
Aguila	91	85%	12%	0%	5%	0%
El Mirage	3,339	54%	35%	5%	1%	1%
Glendale	19,730	50%	36%	7%	2%	3%
Morristown	95	32%	63%	0%	1%	0%
Peoria	10,166	29%	58%	4%	1%	3%
Sun City	660	20%	74%	2%	0%	2%
Sun City West	28	21%	68%	0%	0%	4%
Surprise	9,498	27%	61%	5%	1%	2%
Waddell (Citrus Park)	731	26%	63%	4%	1%	2%
Wickenburg	385	38%	57%	0%	1%	0%
Wittmann	443	35%	62%	1%	2%	0%
Youngtown	493	48%	43%	4%	1%	3%
Maricopa County	282,770	46%	40%	6%	3%	4%
Arizona	455,715	45%	40%	5%	6%	3%

US Census (2010). Table P12B, P12C, P12D, P12E, P12F, P12G, P12H, P12I. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5.

Differences between adult and youth race and ethnicity proportions can be seen within many communities across the region. Notably, in Glendale, half (50%) of children 0-4 are Hispanic or Latino, while only 28 percent of adults identify as Hispanic.

Language Use and Proficiency

Data about English speaking ability provide additional information about the characteristics of the population in the Northwest Maricopa Region. As shown in the table below, the majority of families in the region speak English at home (81%), and most of the remaining families speak Spanish at home (14%). However, this rate varies widely throughout the region: the percentage of persons who speak only English at home ranges from 54 percent to 95 percent, and the percentage of persons who speak Spanish at home ranges from two percent to 43 percent.

¹² The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, Table 6 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 7 shows non-exclusive categories for races other than white. This means, for instance, that if a child's ethnicity and race are reported as "Black (Hispanic)" he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.

Table 8. Home language use for those 5 years and older

GEOGRAPHY	2010 CENSUS POPULATION (5+)	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
Northwest Maricopa Region	641,780	81%	14%	0%	4%
Aguila	794	54%	43%	0%	11%
El Mirage	27,617	68%	28%	1%	4%
Glendale	252,746	72%	22%	0%	4%
Morristown	1,418	92%	8%	0%	2%
Peoria	150,102	85%	9%	0%	4%
Sun City	45,368	94%	2%	0%	1%
Sun City West	27,416	95%	2%	0%	2%
Surprise	109,183	88%	8%	0%	3%
Waddell (Citrus Park)	8,132	85%	12%	0%	8%
Wickenburg	8,587	94%	4%	0%	1%
Wittmann	4,891	80%	19%	0%	7%
Youngtown	5,526	73%	20%	0%	9%
Maricopa County	3,557,419	74%	20%	0%	2%
Arizona	5,955,604	73%	21%	2%	2%

US Census (2010). Table P12. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Four percent of people in the Northwest Maricopa Region speak English less than “very well,” which is higher than the state and county rate (2%). However, as shown in Table 9, linguistic isolation in the region is relatively low. Households are defined as linguistically isolated if none of the adults (age 14 and older) in the household speak English “very well.” In the Northwest Maricopa Region, three percent of households are linguistically isolated, which is lower than the county and state proportion (5%). Linguistic isolation is highest in Aguila, where one fifth (20%) of households are linguistically isolated. Three additional communities in the region have linguistic isolation rates that are higher than the state average: El Mirage (9%), Glendale (6%), and Youngtown (6%). All other communities in the region have linguistic isolation rates of three percent or less.

Table 9. Household home language use

GEOGRAPHY	2010 CENSUS TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Northwest Maricopa Region	260,145	19%	3%
Aguila	407	47%	20%
El Mirage	9,414	31%	9%
Glendale	93,355	28%	6%
Morristown	655	7%	2%
Peoria	58,438	17%	2%
Sun City	26,109	7%	1%
Sun City West	16,013	6%	1%
Surprise	44,440	13%	1%
Waddell (Citrus Park)	2,733	16%	0%
Wickenburg	3,857	6%	3%
Wittmann	2,254	19%	1%
Youngtown	2,470	22%	6%
Maricopa County	1,411,583	25%	5%
Arizona	2,380,990	27%	5%

US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: A “linguistically isolated household” is one in which all adults (14 and older) speak English less than “very well.”

According to data from the 2010 Census, overall, 94 percent of households in the Northwest Maricopa Region speak English or Spanish at home, with the majority speaking English only at home (81%). A small percentage of households (3%) speak an Indo-European Language, and a smaller percentage (2%) speak an Asian or Pacific Island language. Less than one percent speak another language. These households number fewer than 15,000.¹³

¹³ US Census (2010). Table P12. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Economic Circumstances

Income and Poverty

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Children's Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly, with Arizona having the second widest income gap between the richest 20 percent and poorest 20 percent of households in the nation. In addition, Arizona ranks fifth in the nation in income inequality between the top income (top 20%) and the middle income (middle 20%) households.¹⁴ The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country.¹⁵ In 2012, more than one out of four children in Arizona was living in poverty (family income below \$18,284 for a family of three).¹⁶ The effects on children living in poverty can be felt throughout their lives, including the link between childhood poverty and mental health issues in adulthood. The increased likelihood of exposure to violence, family dysfunction, separation from family, and living in chaotic, crowded and substandard housing all increase the risk of poorer mental health status later in life.¹⁷

In the Northwest Maricopa Region, 12 percent of the population and 21 percent of children under six are living in poverty. This is a lower rate than in Maricopa County (16% and 25%, respectively) and in Arizona (17% and 27%, respectively). However, the one fifth of children living in poverty in the region are likely to particularly benefit from early education opportunities and family support services.

As shown in Table 10, poverty rates vary across communities in the Northwest Maricopa Region. Aguila has the highest poverty rate, with 30 percent of the population overall and 51 percent of children aged birth through five in poverty. In Glendale, more than a quarter (29%) of children aged birth through five are in poverty. Peoria, Sun City, Sun City West, Surprise, and Waddell (Citrus Park) all show poverty rates below the average for the region.

¹⁴ Center on Budget and Policy Priorities. *Wide and Growing Income Gaps in Most States, New Report Finds Rich Pulling Away from Low-and Middle-Income Households*. Nov 2012. <http://www.cbpp.org/files/11-15-12sfp-pr.pdf>

¹⁵ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

¹⁶ The Arizona Children's Action Alliance. *Arizona Shows No Improvement in Child Poverty*. Posted September 20, 2013. <http://azchildren.org/arizona-shows-no-improvement-in-child-poverty>

¹⁷ Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science*. Published online 1 October 2013. <http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496>

Table 10. Persons living below the U.S. Census poverty threshold level

GEOGRAPHY	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY ¹⁸
Northwest Maricopa Region	12%	21%
Aguila	30%	51%
El Mirage	21%	23%
Glendale	17%	29%
Morristown	13%	21%
Peoria	9%	15%
Sun City	7%	6%
Sun City West	4%	0%
Surprise	8%	12%
Waddell (Citrus Park)	8%	0%
Wickenburg	13%	38%
Wittmann	24%	24%
Youngtown	16%	20%
Maricopa County	16%	25%
Arizona	17%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

In the United States, metropolitan areas have been hardest hit by the recent economic downturn. Most metropolitan regions in the United States ended the 2000-2010 decade with lower median incomes than they began with, despite rising costs of living. At the start of the 2010 decade, cities have continued to show markedly higher rates of poverty than suburbs, although cities and city suburbs have shown increased overall poverty rates by roughly equivalent degrees.¹⁹

Between 2007 and 2012, while the population of Arizona increased by three percent, the percent of the population living below the Federal Poverty Level grew by 37 percent. In 2012, women in Arizona had a poverty rate of 19.7 percent, compared to 17.6 percent for men. Women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3)

¹⁸ A child's poverty status is defined as the poverty status of the household in which he or she lives. "Related" means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child's poverty status cannot be determined.

¹⁹ Berube, A., & Kneebone, E. (2011). *Parsing U.S. poverty at the metropolitan level*. Retrieved from: http://www.brookings.edu/opinions/2011/0922_metro_poverty_berube_kneebone.aspx.

they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households were headed by women.²⁰

The proposed increase in the federal minimum wage would have an effect on a portion of Arizona families, especially those headed by women. A recent study estimated that 21 percent of the Arizona workforce would be affected by increasing the federal minimum wage to \$10.10 by July 2016, and this in turn would impact 18 percent of Arizona children (who have at least one of their parents affected by this change).²¹

According to the American Community Survey, the median family annual income in Maricopa County (\$64,841) is a bit higher than the median family annual income in Arizona overall (\$59,563). As shown in Table 11, median family income in the Northwest Maricopa Region varies widely by community. Waddell Citrus Park (\$89,746) and Peoria city (\$74,485) have the highest median family incomes in the region. Median family income is lowest in Wittmann (\$22,400), followed by Aguila (\$36,250). Single-parent households in the region tend to earn substantially less than husband-wife families, and single male families tend to earn more than single female families. This trend is also seen in Maricopa County and in the state overall.

²⁰ Castelazo, M. (2014). Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

²¹ Raising the Federal Minimum Wage to \$10.10 Would Lift Wages for Millions and Provide a Modest Economic Boost. Cooper, D. Economic Policy Institute, Briefing Paper #371, December 19, 2013. Retrieved from <http://www.epi.org/publication/raising-federal-minimum-wage-to-1010>

Table 11. Median family annual income for families with children (0-17)

GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
Aguila CDP	\$36,250	\$33,625	-	-
El Mirage city	\$46,725	\$52,340	\$30,160	\$27,848
Glendale city	\$59,025	\$70,691	\$33,670	\$27,183
Morristown CDP	-	-	-	-
Peoria city	\$75,485	\$91,822	\$45,657	\$36,290
Sun City CDP	\$49,377	-	-	-
Sun City West CDP	\$60,282	-	-	-
Surprise city	\$64,874	\$78,411	\$35,024	\$34,392
Waddell (Citrus Park) CDP	\$89,746	\$123,787	-	-
Wickenburg town	\$51,273	\$51,830	-	\$23,468
Wittmann CDP	\$22,400	-	-	-
Youngtown town	\$42,200	\$48,700	-	\$38,309
Maricopa County	\$64,841	\$79,098	\$38,950	\$28,847
Arizona	\$59,563	\$73,166	\$36,844	\$26,314

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B19126. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: Due to small sample sizes, estimates for husband-wife families, single male families, and single female families within some communities cannot be reliably calculated.

Unemployment and Housing

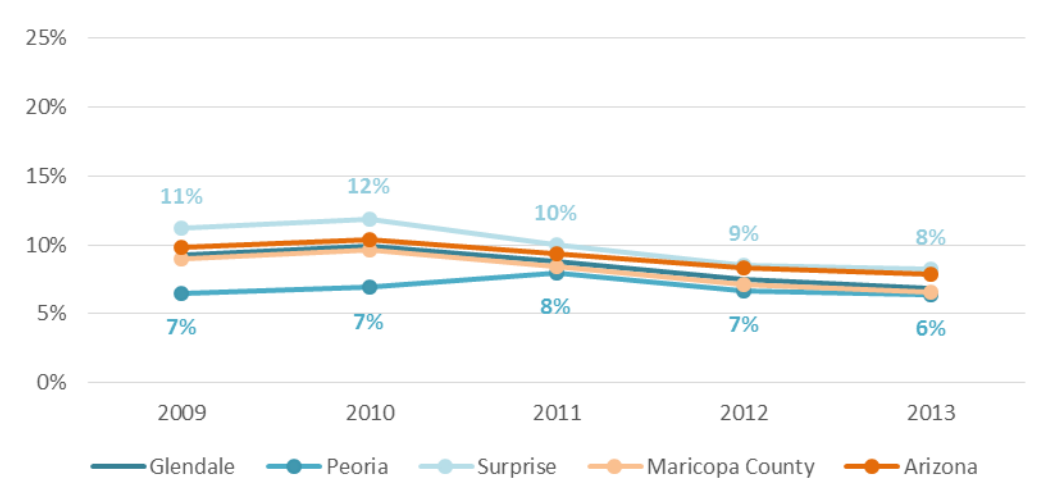
Parental job loss results in families having fewer resources to meet their regular monthly expenses and support their children's development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can also be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors. Parental job loss can also impact children's school performance (i.e. lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs).²²

Unemployment rates are therefore an important indicator of regional economic vitality. The figure below depicts annual unemployment rates in Glendale, Peoria, and Surprise (the communities in the region for which these data were available) and compares them to Maricopa County and Arizona unemployment rates between 2009 and 2013. Unemployment rates in Peoria have been lower and more stable than in the county and state overall, while

²² Isaacs, J. (2013). Unemployment from a child's perspective. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

Surprise has experienced higher rates of unemployment than the state and county over the last five years. Unemployment rates in Glendale closely mirrored state and county averages from 2009-2013.

Figure 8. Annual unemployment rates in Select Cities, Maricopa County and Arizona, 2009-2013



Arizona Department of Administration, Office of Employment and Population Statistics (2014). *Special Unemployment Report, 2009-2014*. Retrieved from <http://www.workforce.az.gov/local-area-unemployment-statistics.aspx>

Table 12 shows the employment status of parents of young children in the region. Slightly more children living with two parents in the region have both parents in the labor force (36%) compared to Maricopa County (33%) and the state (32%). Single parent families and families in which both parents are in the labor force may be more likely to need child care.

Table 12. Employment status of parents of young children

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Northwest Maricopa Region	55,083	36%	29%	2%	26%	7%
Aguila	103	10%	21%	0%	29%	40%
El Mirage	4,049	36%	26%	2%	26%	9%
Glendale	23,656	31%	25%	2%	33%	9%
Morristown	116	62%	13%	0%	21%	4%
Peoria	12,355	38%	29%	2%	24%	7%
Sun City	787	36%	52%	4%	6%	3%
Sun City West	33	82%	0%	0%	10%	8%
Surprise	11,490	43%	34%	0%	18%	5%
Waddell (Citrus Park)	901	51%	30%	8%	6%	5%
Wickenburg	458	4%	60%	0%	26%	10%
Wittmann	532	37%	9%	0%	30%	25%
Youngtown	603	30%	47%	0%	17%	7%
Maricopa County	339,217	33%	29%	1%	27%	9%
Arizona	546,609	32%	29%	1%	28%	10%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B23008. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: In the labor force includes all adults who are employed or looking for employment.

Over the past four years, there have been a total of 509,898 foreclosure filings in Arizona. These foreclosure filings have been trending downward, and have decreased 53 percent from 162,373 filings in 2009 to 76,487 filings in 2012. Arizona has also risen from third worst in the nation for foreclosures in 2012 to now sixth in the nation in foreclosures.²³

In May of 2014, the number of foreclosures across the region varied, as shown in Table 13 below. The number of foreclosures per 1,000 properties was highest in El Mirage, Waddell (Citrus Park), and Wittmann, where there were foreclosures on more than two out of every 1,000 properties. The region as a whole exceeded the foreclosure rate for Maricopa County and Arizona for the month of May. As an additional indicator, the percent of housing units that are vacant illustrates the percent of housing units that are “not occupied.” (Reasons for a home being “not occupied” can include housing units that are for rent, for sale, sold but not occupied, for migrant workers, or used seasonally for recreational or occasional use.) As can be seen in the table below, many communities in the region have a higher proportion of “vacant” houses than the state as a whole.

²³ Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

Table 13. Foreclosures in Arizona, Maricopa County, and the Northwest Maricopa Region

GEOGRAPHY	NUMBER OF HOUSING UNITS	NUMBER OF FORECLOSURES (MAY 2014)	NUMBER OF FORECLOSURES PER 1,000 PROPERTIES (MAY 2014)	RATIO OF FORECLOSURES TO HOMES FOR SALE (MAY 2014)	PERCENT OF HOUSES THAT ARE VACANT
Northwest Maricopa Region	300,009	3,524	0.932	1.017	14%
Aguila	470	4	0.000	0.333	39%
El Mirage	10,615	258	2.070	2.150	12%
Glendale	106,786	1,383	1.007	1.465	12%
Morristown	921	15	1.086	0.682	30%
Peoria	64,096	744	0.843	0.869	11%
Sun City	32,166	206	0.529	0.720	18%
Sun City West	19,561	48	0.197	0.260	18%
Surprise	51,549	638	0.915	0.861	18%
Waddell (Citrus Park)	3,360	57	2.381	0.594	13%
Wickenburg	5,713	42	1.401	0.412	23%
Wittmann	2,348	64	2.558	0.790	25%
Youngtown	2,424	65	2.062	3.421	11%
Maricopa County	1,636,502	19,504	0.767	0.972	14%
Arizona	2,841,432	30,205	0.657	0.752	17%

RealtyTrac (2014). Arizona Real Estate Trends & Market Info. Retrieved from <http://www.realtytrac.com/statsandtrends/foreclosuretrends/az> ;
 US Census (2013). American Community Survey 5-year Estimates, 2008-2012, Tables B25001, B25004. Retrieved from
<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

In Arizona, about one-third of households are renters. Of these, 270,000 are classified as very low income renters. Over three-quarters, 210,000 (78%) are paying more than the recommended 30 percent of their income in rent, which is considered “housing cost burdened.” Eighty percent of very low income renters in Maricopa County are classified as housing-cost burdened renters, which is a comparable rate to the state as a whole.²⁴

The percentage of housing units in the Northwest Maricopa Region that have housing problems (38%) and severe housing problems (16%) is about the same as the state rate (38% and 20%, respectively). The US Department of Housing and Urban Development defines housing units with “housing problems” as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than one person per room), or housing units for which housing costs exceed 30 percent of income. Housing units with “severe housing problems” consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 person per room), or housing units for which housing costs exceed 50 percent of income. More than one third of housing units in the region, county and state are classified as having housing

²⁴ Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

problems (see Table 14). In the Northwest Maricopa Region, the rate of housing problems varies by community.

Table 14. Percent of housing units with housing problems

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
Northwest Maricopa Region	254,289	38%	18%
Aguila	586	45%	27%
El Mirage	7,929	47%	23%
Glendale	97,057	41%	21%
Morristown	1,959	41%	15%
Peoria	54,338	39%	17%
Sun City	26,163	29%	13%
Sun City West	16,587	21%	11%
Surprise	38,756	36%	14%
Waddell (Citrus Park)	2,211	43%	17%
Wickenburg	3,891	33%	16%
Wittman	1,709	38%	21%
Youngtown	2,099	52%	30%
Maricopa County	1,381,933	39%	20%
Arizona	2,326,354	38%	20%

US Department of Housing and Urban Development (2011). CHAS 2008-2010 ACS 3-year average data by place. Retrieved from http://www.huduser.org/portal/datasets/cp/CHAS/data_download_chas.html

Public Assistance Programs

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. Public assistance programs commonly used by families with young children in Arizona include Nutrition Assistance (also known as the Supplemental Nutrition Assistance Program or SNAP, also formerly known as “food stamps”); Temporary Assistance for Needy Families (TANF, which replaced previous welfare programs); and Women, Infants, and Children (WIC, food and nutrition services).

SNAP

Nutrition Assistance, or SNAP, helps to provide low income families in Arizona with food through retailers authorized to participate in the program. According to a U.S. Department of Agriculture Economic Research Service study, in 2010, about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a grocery in urban areas and more than 10 miles in rural areas.²⁵ Families living in food deserts often use convenience stores in

²⁵ United States Department of Agriculture (2014). Food Access Research Atlas. Retrieved from <http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt>

place of grocery stores. New legislation in 2014 could have an effect on what's available in these stores, as they will have to begin stocking "staple foods" (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.²⁶

There is considerable variability across communities in the region in the percentage of children aged birth through five who are receiving SNAP, ranging from 56 percent in Aguila to just 15 percent in Waddell (Citrus Park). In Glendale, which has the largest population of children aged birth through five, more than half (51%) of these children are receiving SNAP.

Overall, the number of children aged birth through five in the Northwest Maricopa Region who receive SNAP has remained stable over the last several years (see Table 15). Most communities in the region experienced changes in recipient numbers of under five percent. The number of young children receiving SNAP has actually decreased in some communities: by 17 percent in Aguila and Surprise, and by 14 percent in Wickenburg. By contrast, Waddell (Citrus Park) experienced a 30 percent increase in young children receiving SNAP.

Table 15. Children ages 0-5 receiving SNAP (Supplemental Nutrition Assistance Program)

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
Northwest Maricopa Region	55,083	19,439	35%	17,942	33%	19,416	35%	0%
Aguila	103	70	68%	57	55%	58	56%	-17%
El Mirage	4,049	1,733	43%	1,558	38%	1,826	45%	+5%
Glendale	23,656	11,574	49%	11,105	47%	11,978	51%	+3%
Morristown	116	37	32%	34	29%	36	31%	-3%
Peoria	12,355	2,867	23%	2,586	21%	2,730	22%	-5%
Sun City	787	136	17%	127	16%	140	18%	+3%
Sun City West	33	<10	DS	<10	DS	<10	DS	DS
Surprise	11,490	2,282	20%	1,812	16%	1,900	17%	-17%
Waddell (Citrus Park)	901	103	11%	115	13%	134	15%	+30%
Wickenburg	458	174	38%	136	30%	150	33%	-14%
Wittmann	532	204	38%	189	36%	212	40%	+4%
Youngtown	603	254	42%	218	36%	245	41%	-4%
Maricopa County	339,217	129,566	38%	118,639	35%	130,132	38%	+0%
Arizona	546,609	215,837	39%	204,058	37%	219,926	40%	+2%

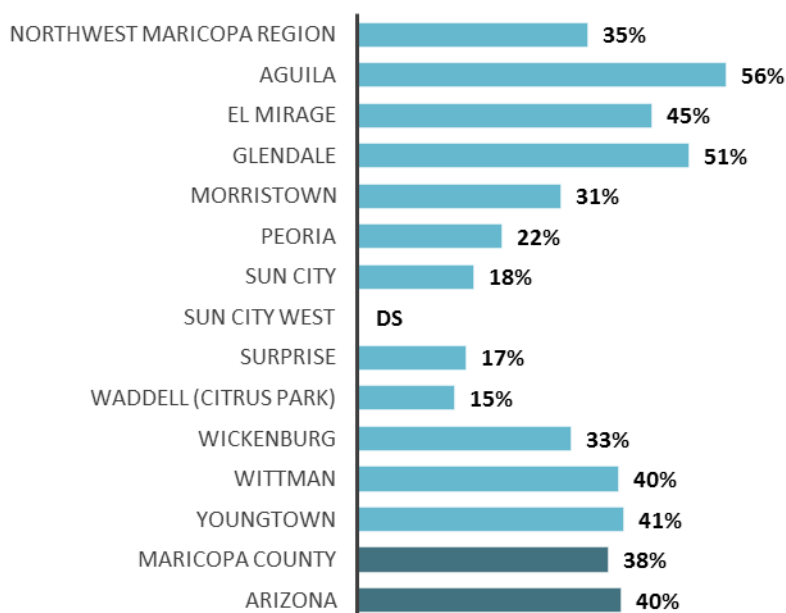
Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

A slightly smaller proportion of young children in the Northwest Maricopa Region are receiving SNAP (35%) than in Maricopa County (38%) and in Arizona overall (40%). However, many communities within the Northwest Maricopa Region have higher rates of SNAP participation

²⁶ Whiteman, M. (2014). New food-stamp rules could affect Arizona convenience stores. Retrieved from <http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/>

among young children than the state or county rates (see Figure 9). These communities include Aguila (56%), El Mirage (45%), Glendale (51%), Wittmann (40%), and Youngtown (41%).

Figure 9. Percentage of children ages 0-5 receiving SNAP in January 2012



Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

TANF

In contrast to SNAP, the number of children receiving TANF has decreased over the last several years. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.²⁷ Over the last decade federal TANF funds have also been increasingly redirected from cash assistance, jobs programs and child care assistance to Child Protective Services. Federal cuts to funding to support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected increase to 20-39 million dollars in fiscal year 2015.²⁸

²⁷ Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

²⁸ The Arizona Children's Action Alliance. *Growing up Poor in Arizona: State Policy at a Crossroads*. May 2013. http://azchildren.org/wp-content/uploads/2013/06/TANF_report_2013_ForWeb.pdf

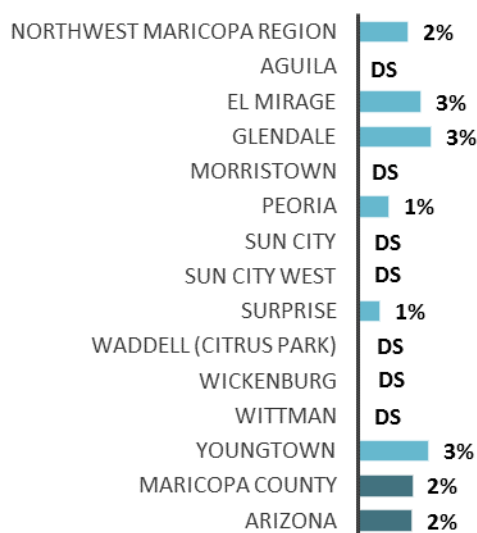
The table and figure below provide a visual representation of the decreasing proportion of households that have and are receiving TANF across the state and region.

Table 16. Children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
Northwest Maricopa Region	55,083	2,216	4%	1,307	2%	1,148	2%	-48%
Aguila	103	<10	DS	0	0%	<10	DS	DS
El Mirage	4,049	188	5%	107	3%	106	3%	-44%
Glendale	23,656	1,394	6%	864	4%	731	3%	-48%
Morristown	116	<10	DS	<10	DS	<10	DS	DS
Peoria	12,355	295	2%	171	1%	160	1%	-46%
Sun City	787	16	2%	13	2%	<10	DS	DS
Sun City West	33	<10	DS	0	0%	<10	DS	DS
Surprise	11,490	229	2%	111	1%	102	1%	-55%
Waddell (Citrus Park)	901	16	2%	13	1%	<10	DS	DS
Wickenburg	458	10	2%	<10	DS	<10	DS	DS
Wittmann	532	32	6%	<10	DS	<10	DS	DS
Youngtown	603	25	4%	12	2%	18	3%	-28%
Maricopa County	339,217	15,452	5%	8,723	3%	7,767	2%	-50%
Arizona	546,609	23,866	4%	13,450	2%	12,358	2%	-48%

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 10. Percentage of children ages 0-5 receiving TANF in January 2012



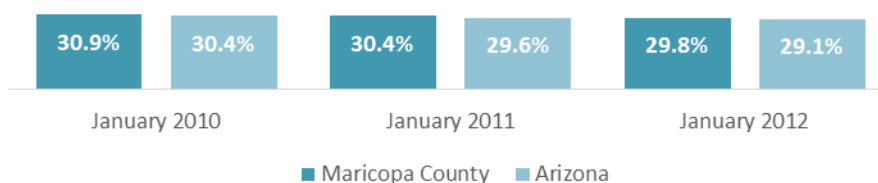
Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Women, Infants and Children (WIC)

Arizona's WIC program is a federally funded nutrition program which serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population.²⁹ A primary goal of the WIC program has become obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may be impacting childhood obesity. In that year, WIC added vouchers for produce and healthier items such as low-fat milk. Studies following the change have shown increases in purchases of whole-grain bread and brown rice³⁰, reduced-fat milk,³¹ and fewer purchases of white bread, whole milk, cheese and juice.³²

Rates of participation in WIC in Maricopa County between 2010 and 2012 closely mirrored participation rates in the state overall (see Figure 11). In the Northwest Maricopa Region, about 26 percent of infants and children below the age of five were receiving WIC in 2012, a lower participation rate than in Maricopa County (30%) and in Arizona (29%). The rate of WIC participation was highest in El Mirage, at 36 percent (see Table 17).

Figure 11. WIC participation in Maricopa County and the state (2010-2012)



Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

²⁹ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

³⁰ Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). American Journal of Preventive Medicine, 45(4):422-429

³¹ Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. Journal of the academy of nutrition and dietetics, Article in Press. http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf

³² Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. Pediatrics, 131(5), 919-927.

Table 17. WIC participation for infants and children ages 0-4

GEOGRAPHY	WIC PARTICIPANTS, JANUARY 2011			WIC PARTICIPANTS, JANUARY 2012		
	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4
Northwest Maricopa Region	3,497	11,911	26%	3,740	11,725	26%
Aguila	-	-	-	-	-	-
El Mirage	369	1,263	38%	394	1,215	36%
Glendale	2,106	7,114	36%	2,274	6,998	35%
Morristown	-	-	-	-	-	-
Peoria	512	1,613	16%	550	1,725	17%
Sun City	-	73	11%	-	-	-
Sun City West	-	-	-	-	-	-
Surprise	408	1,363	14%	413	1,315	14%
Waddell (Citrus Park)	-	97	13%	32	98	13%
Wickenburg	30	-	-	-	-	-
Wittman	30	107	24%	33	106	24%
Youngtown	42	159	32%	44	140	28%
Maricopa County	25,289	85,941	30%	25,648	84,174	30%
Arizona	40,819	134,871	30%	40,780	132,657	29%

Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

Note: These data were not available for all communities in the Northwest Maricopa Region. The data shown in the table above represent all data which were available for this report.

Free and Reduced Lunch

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch. The income criteria for the 2014-2015 school year are shown below.

Table 18. Free and reduced lunch eligibility requirements for the 2014-2015 school year

FEDERAL INCOME CHART: 2014-2015 SCHOOL YEAR						
	FREE MEALS – 130%			REDUCED PRICE MEALS – 185%		
Household Size	Yearly Income	Monthly Income	Weekly Income	Yearly Income	Monthly Income	Weekly Income
1	\$15,171	\$1,265	\$292	\$21,590	\$1,800	\$416
2	\$20,449	\$1,705	\$394	\$29,101	\$2,426	\$560
3	\$25,727	\$2,144	\$495	\$36,612	\$3,051	\$705
4	\$31,005	\$2,584	\$597	\$44,123	\$3,677	\$849
5	\$36,283	\$3,024	\$698	\$51,634	\$4,303	\$993
6	\$41,561	\$3,464	\$800	\$59,145	\$4,929	\$1,138
7	\$46,839	\$3,904	\$901	\$66,656	\$5,555	\$1,282
8	\$52,117	\$4,344	\$1,003	\$74,167	\$6,181	\$1,427
Each Additional Person	\$5,278	\$440	\$102	\$7,511	\$626	\$145

<http://www.fns.usda.gov/sites/default/files/2014-04788.pdf>

As can be seen in Table 19, more than half of the students in most school districts in the Northwest Maricopa Region are eligible for either free or reduced lunch. At four school districts in the region, more than three quarters of students are eligible for either free or reduced lunch: Alhambra Elementary District (94%), Aguila Elementary District (90%), and Glendale Elementary District (88%).

Table 19. Free and reduced lunch eligibility in the region

SCHOOL DISTRICT NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Aguila Elementary District	90%
Alhambra Elementary District	94%
Deer Valley Unified District	30%
Dysart Unified District	48%
Glendale Elementary District	88%
Litchfield Elementary District	44%
Morristown Elementary District	70%
Nadaburg Unified School District	67%
Pendergast Elementary District	66%
Peoria Unified School District	41%
Wickenburg Unified District	55%

Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from <http://www.azed.gov/health-nutrition/frpercentages/>

On July 1, 2014, all schools in Arizona were eligible for a new provision that allows schools in high-poverty areas to offer nutritious meals through the National School Lunch and School Breakfast Programs to all students at no charge. Called “community eligibility,” this tool will not only enable more children to receive free lunch and breakfast at schools, it also reduces the paperwork necessary for schools to provide free lunch and breakfast. Schools will now be able to use information they already have access to, such as the number of students in their school who are receiving SNAP or TANF, to demonstrate that their student population is largely made up of children from households with low incomes.³³ Arizona schools could apply for the Community Eligibility Provision between April 1 and June 30, 2014, thru the Arizona Department of Education.³⁴

Educational Indicators

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s educational attainment.³⁵ More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.³⁶ A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent \$7,666 per pupil in 2011, below the national average of \$10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.³⁷

New legislation at the federal and state levels has the objective of improving education in Arizona and nationwide. These initiatives are described in the following sections.

Common Core/Early Learning Standards

The Common Core State Standards Initiative is a nationwide initiative which aims to establish consistent education standards across the United States in order to better prepare students for college and the workforce. The initiative is sponsored by the Council of Chief State School

³³ Center on Budget and Policy Priorities (CBPP) and the Food Research and Action Center (FRAC) (2013). Community Eligibility and Making High-Poverty Schools Hunger Free. Retrieved from http://frac.org/pdf/community_eligibility_report_2013.pdf

³⁴ For more information, see <http://www.azed.gov/health-nutrition/special-assistance-provisions/>

³⁵ Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O’Hare, W., Mather, M., & Dupuis, G.

³⁶ Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from http://www.edweek.org/media/QualityCounts2013_Release.pdf

³⁷ Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from <http://www2.census.gov/govs/school/11f33pub.pdf>.

Officers (CCSO) and the National Governors Association (NGA). Common Core has two domains of focus: English Language Arts/Literacy (which includes reading, writing, speaking and listening, language, media and technology), and Mathematics (which includes mathematical practice and mathematical content). The initiative provides grade-by-grade standards for grades K-8, and high school student standards (grades 9-12) are aggregated into grade bands of 9-10 and 11-12.

To date, 44 states and the District of Columbia have adopted the Common Core State Standards. Arizona adopted the standards in June of 2010 with the creation of Arizona's College and Career Ready Standards (AZCCRS). A new summative assessment system which reflects AZCCRS will be implemented in the 2014-2015 school year. More information about the Common Core State Standards Initiative can be found at www.corestandards.org, and additional information about AZCCRS can be found at <http://www.azed.gov/azccrs>.

Move on When Ready

The Arizona Move on When Ready Initiative is a state law (A.R.S. Title 15, Chapter 7, Article 6) and is part of the National Center on Education and the Economy's *Excellence For All* pilot effort. Move on When Ready is a voluntary performance-based high school education model that aims to prepare all high school students for college and the workforce. This initiative gives Arizona schools the option to elect to take part in Move on When Ready on a voluntary basis, but participation is not required.

Key components of the Move on When Ready model include offering students individualized education pathways; moving away from a "one-size-fits-all" educational approach; and a new performance-based diploma called the Grand Canyon Diploma that can be awarded voluntarily to students. Grand Canyon Diplomas have been available since the 2012-2013 academic year. They can be awarded to high school students who have met the subject area requirements specified by the statute and who also meet college and career qualification scores on a series of exams. After a student earns a Grand Canyon Diploma, he or she can opt to remain in high school, enroll in a full-time career and technical education program, or graduate from high school with the Grand Canyon Diploma and attend a community college.

Schools may participate in Move on When Ready on a voluntary basis. As of April 2014, the Center for the Future of Arizona reported that 38 schools were participating in Move on When Ready. Schools in the Northwest Maricopa Region participate in the program include BASIS Peoria, Dysart High School, the Gary K. Herberger Young Scholars Academy, and Willow Canyon High School.³⁸

³⁸ Center for the Future of Arizona (2014). *Current Move on When Ready Schools*. Retrieved from <http://www.arizonafuture.org/mowr/participating-schools.html>.

Educational Attainment

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.³⁹ Some studies have indicated that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.⁴⁰

Adults in the Northwest Maricopa Region show slightly higher levels of education than adults in the state of Arizona overall. In the Northwest Maricopa Region, 12 percent of adults over 25 do not have a high school diploma or GED, compared with 15 percent of adults in Arizona overall. Thirty-seven percent of adults over 25 in the Northwest Maricopa Region have some college or professional training, which is slightly higher than the state rate, 34 percent. However, a smaller proportion of adults in the Northwest Maricopa Region have a bachelor's degree or more (24%) than in the state overall (27%). Table 20 shows a comparison of adult educational achievement across communities in the Northwest Maricopa Region. As shown in Figure 12 below, more than half of all births in the region are to women with more than a high school diploma, and this percentage has been steadily increasing in the last few years.

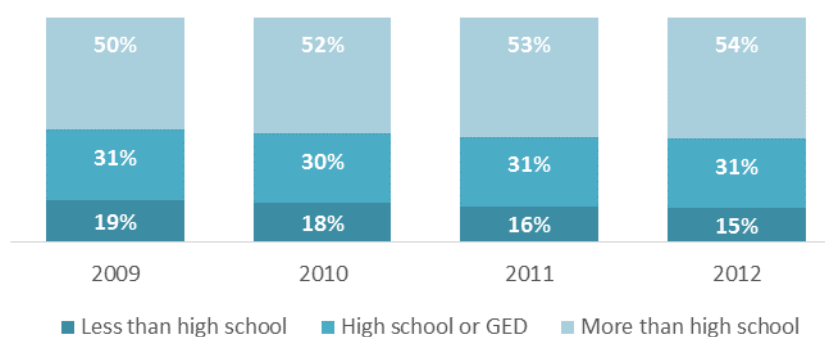
³⁹ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁴⁰ Merrill, P. Q. (2010). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

Table 20. Educational achievement of adults in the Northwest Maricopa Region

GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with some college or professional training	Adults (ages 25+) with a bachelor's degree or more
Northwest Maricopa Region	12%	27%	37%	24%
Aguila	46%	20%	39%	26%
El Mirage	24%	26%	37%	22%
Glendale	15%	26%	34%	35%
Morristown	22%	31%	39%	27%
Peoria	10%	25%	40%	28%
Sun City	9%	32%	37%	26%
Sun City West	5%	26%	38%	13%
Surprise	8%	26%	29%	15%
Waddell (Citrus Park)	9%	23%	40%	28%
Wickenburg	12%	25%	37%	26%
Wittmann	8%	41%	38%	13%
Youngtown	27%	29%	29%	15%
Maricopa County	14%	23%	34%	29%
Arizona	15%	24%	34%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B15002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Figure 12. Births by mother's educational achievement in the Northwest Maricopa Region

Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in

poverty for at least a year.⁴¹ This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

The following table shows the graduation and dropout rates for school districts in the Northwest Maricopa Region. The percentage of students across the state who graduated in four years in 2012 was 77 percent.⁴² All districts in the Northwest Maricopa Region graduated a higher percentage of their students, with graduation rates ranging between 84 percent (Dysart Unified School District) and 93 percent (Peoria Unified School District). Dropout rates are low in all school districts in the region.

Table 21. High school graduation and drop-out rates in the Northwest Maricopa Region⁴³

GEOGRAPHY	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Deer Valley Unified District	91%	1%
Dysart Unified District	84%	1%
Glendale Union High School District	88%	1%
Peoria Unified School District	93%	1%
Wickenburg Unified District	88%	3%
Arizona (All Districts)	77%	4%

Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates/>; Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>

Early Education and School Readiness

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and

⁴¹ Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

⁴² Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates>

⁴³ Note: The Arizona Department of Education calculates four-year graduation rates according to federal education guidelines. The four-year graduation rate consists of the number of students who graduate with a regular high school diploma within four years divided by the number of students in the cohort of the graduating class. A cohort consists of the number of students who enter 9th grade for the first time, adjusted each year by adding any students who transfer into the cohort and subtracting any students who transfer out of the cohort, emigrate out of the US, or die. (United States Department of Education (2008). High School Graduation Rate: Non-regulatory guidance. Retrieved from http://www.azed.gov/research-evaluation/files/2012/08/grad_rate_guidance.pdf). The drop-out rate is calculated by dividing the number of drop-outs by the number of students currently enrolled in school. Students who are enrolled at any time in the school year but are not enrolled at the end of the school year are counted as drop-outs if they did not transfer to another school, graduate, or die. (Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>).

have higher test scores.⁴⁴ Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3rd to last nationally in the number of preschool aged children enrolled in preschool.⁴⁵ In the Northwest Maricopa Region, the numbers are slightly lower; only 28 percent of children ages three and four in the region are estimated to be enrolled in early education settings. However, this estimated percentage ranges substantially throughout the region (Table 22). Notably, a greater proportion of children tend to be enrolled in preschool in the parts of the region that are furthest from metropolitan Phoenix (Aguila, Wickenburg, Morristown). However, in Wittmann, only an estimated five percent of children aged three and four are enrolled in preschool, the lowest rate for the Northwest Maricopa Region. In Glendale, which is home to nearly 43 percent of all children ages birth through five in the region, only one quarter of three and four year old children are estimated to be enrolled in early education settings.

Table 22. Children (3-4) enrolled in nursery school, preschool, or kindergarten

GEOGRAPHY	2010 CENSUS PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
Northwest Maricopa Region	18,862	28%
Aguila	37	100%
El Mirage	1,366	18%
Glendale	7,893	25%
Morristown	46	44%
Peoria	4,313	40%
Sun City	260	65%
Sun City West	11	12%
Surprise	4,046	25%
Waddell (Citrus Park)	315	14%
Wickenburg	154	62%
Wittmann	205	5%
Youngtown	216	29%
Maricopa County	115,174	34%
Arizona	185,196	34%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B14003. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool

⁴⁴ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁴⁵ Children's Action Alliance. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf>

scholarships across the state, including \$13.7 million for Pre-K Scholarships and \$39 million for Quality First Scholarships in FY 2013.⁴⁶ More information about scholarship opportunities available in the Northwest Maricopa Region can be found in the *Early Childhood System* section of this report.

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona's youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children's health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).⁴⁷

Standardized Test Scores

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona Instrument to Measure Standards (AIMS).⁴⁸ The AIMS is required by both state and federal law, and is used to track how well students are performing compared to state standards. Performance on the AIMS directly impacts students' future progress in school. As of the 2013-2014 school year, Arizona Revised Statute⁴⁹ (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

⁴⁶ The Build Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

⁴⁷ First Things First. *Arizona School Readiness Indicators*. Retrieved from: http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf

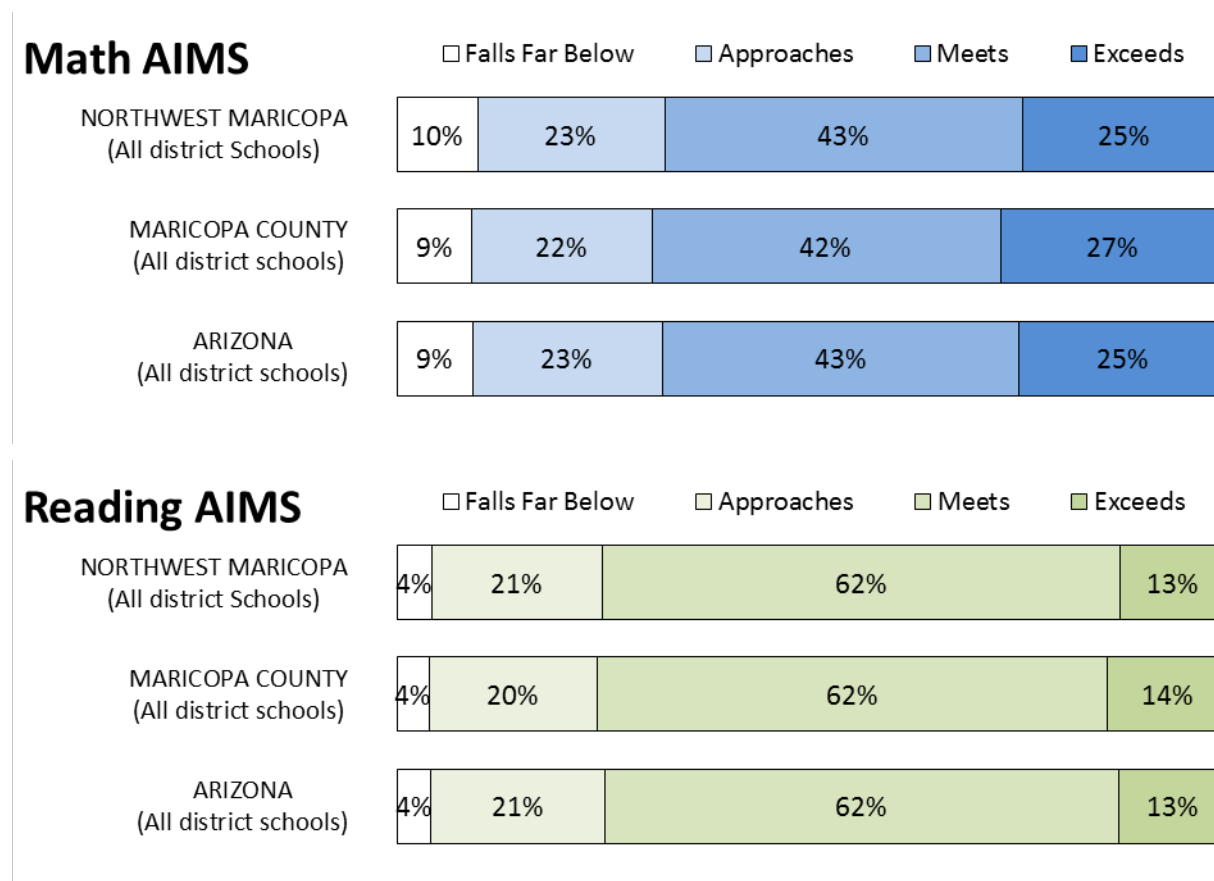
⁴⁸ For more information on the AIMS test, see the Arizona Department of Education's Website: <http://www.ade.az.gov/AIMS/students.asp>

⁴⁹ A.R.S. §15-701

In order for children to be prepared to succeed on tests such as the AIMS, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.⁵⁰

As shown in Figure 13, overall, Northwest Maricopa 3rd graders performed similarly to students county-wide and statewide in both math and reading.

Figure 13. Results of the Arizona Instrument to Measure Standards (AIMS) Test, 3rd Grade



Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Table 23 and Table 24 show a breakdown of AIMS scores by school district in the Northwest Maricopa Region. Although AIMS performance in the region overall is very similar to overall AIMS performance for the state, the percentage of students passing both the math and reading tests varies by school district. In Maricopa County, 70 percent of all district and charter school 3rd graders passed the AIMS math test in 2013. Five out of eleven school districts in the Northwest Maricopa Region equaled or exceeded this rate: Aguila Elementary District (76%), Deer Valley Unified District (80%), Dysart Unified District (73%), Peoria Unified School District

⁵⁰ First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

(73%), and Wickenburg Unified District (76%). A slightly higher proportion of 3rd graders in Maricopa County passed the AIMS reading test in 2013, 77 percent. Six of the eleven school districts in the Northwest Maricopa Region equaled or exceeded this rate: Aguila Elementary District (88%), Deer Valley Unified District (87%), Dysart Unified District (79%), Nadaburg Unified School District (78%), Peoria Unified School District (81%), and Wickenburg Unified District (78%).

Table 23. Math 3rd grade AIMS results, 2013

Local Education Agency (LEA)	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Aguila Elementary District	0%	24%	65%	12%	76%
Alhambra Elementary District	9%	25%	44%	23%	66%
Deer Valley Unified District	5%	15%	43%	37%	80%
Dysart Unified District	7%	20%	44%	29%	73%
Glendale Elementary District	16%	30%	40%	13%	54%
Morristown Elementary District	24%	41%	29%	6%	35%
Nadaburg Unified School District	9%	27%	40%	24%	64%
Pendergast Elementary District	17%	30%	42%	12%	54%
Peoria Unified School District	8%	20%	44%	28%	73%
Wickenburg Unified District	5%	19%	49%	28%	76%
All Maricopa County Charter Schools	7%	20%	42%	31%	73%
Maricopa County (All charter and district schools)	9%	22%	42%	28%	70%
Arizona (All charter and district schools)	9%	23%	43%	26%	68%

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Table 24. Reading 3rd grade AIMS results, 2013

Local Education Agency (LEA)	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Aguila Elementary District	0%	12%	88%	0%	88%
Alhambra Elementary District	5%	25%	61%	9%	70%
Deer Valley Unified District	2%	11%	65%	22%	87%
Dysart Unified District	3%	17%	65%	14%	79%
Glendale Elementary District	9%	33%	54%	4%	58%
Morristown Elementary District	0%	29%	65%	6%	71%
Nadaburg Unified School District	6%	16%	64%	15%	78%
Pendergast Elementary District	4%	27%	63%	6%	69%
Peoria Unified School District	2%	16%	64%	17%	81%
Wickenburg Unified District	3%	20%	68%	10%	78%
All Maricopa County Charter Schools	2%	16%	66%	16%	82%
Maricopa County (All charter and district schools)	4%	20%	62%	15%	77%
Arizona (All charter and district schools)	4%	21%	62%	13%	75%

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

A sample of students in grades 4, 8, and 12 also takes the National Assessment of Educational Progress (NAEP), which is a nationally administered measure of academic achievement that allows for comparison to national benchmarks. A 2014 report by the Annie E Casey Foundation highlighted early reading proficiency across the nation using the National Assessment of Educational Progress data. In Arizona, the percentage of fourth graders reading at or above proficient levels increased from 23 percent in 2003 to 28 percent in 2013, compared to a national average of 34 percent in 2013.⁵¹

Strong disparities exist based on income. Eighty-five percent of low-income fourth graders in Arizona were reading below proficiency, compared to 57 percent of fourth graders from high income households.

Other research shows that five year-olds with lower-income, less-educated parents score more than two years behind on standardized language development tests by the time they enter kindergarten. Further, new research posits that this gap in language development begins as early as 18 months of age.⁵²

These data reflect not only the need to enhance language development among Arizona's children, but also the need for increased early intervention among the state's poorest children. However, Arizona has decreased or eliminated funding for a number of child-focused programs including full-day kindergarten, Healthy Families, family literacy and the Early Childhood Block Grant. Between 2009 and 2014, Arizona's financial investment in early education is estimated to have fallen from more than \$450 million to less than \$150 million.⁵³ The need for strengthening the early childhood system is clear.

⁵¹ Annie E. Casey Foundation. (2014). Early Reading Proficiency in the United States. January 2014. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/E/EarlyReadingProficiency/EarlyReadingProficiency2014.pdf>

⁵² Carey, B. (2013). Language gap between rich and poor children begins in infancy, Stanford psychologists find. Retrieved from Stanford News <http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html>

⁵³ Children's Action Alliance. Arizona's Investment in Early Education has Fallen Substantially. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/chart-for-NAEP-eneews-story.pdf>

The Early Childhood System: Detailed Descriptions of Assets and Needs

Quality and Access

Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system⁵⁴ and have better long-term outcomes into adulthood, as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use.⁵⁵ Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.⁵⁶

Center and Home-based Care

In the Northwest Maricopa Region, there are 276 regulated child care providers, according to data provided to First Things First by the Department of Economic Security and Child Care Resource and Referral (CCR&R). The following table shows all but Head Start Centers, which are discussed in a subsequent section of this report. The majority of these providers (189) are ADHS licensed child care centers. Eighty-four are DES certified homes (family child care), and three are nannies or individuals certified by DES. The total licensed capacity for these providers is 21,124. This is less than half the total population of children aged birth through five in the region (55,083; see Table 1), although it is important to note that this statistic excludes Head Start Centers as well as unregulated providers (including family and friend care).

⁵⁴ Lynch, R. (2007). *Enriching Children, Enriching the Nation* (Executive Summary). Washington, DC: Economic Policy Institute. Retrieved from http://www.epi.org/content.cfm/book_enriching

⁵⁵ The Annie E Casey Foundation. *The first eight years; giving kids a foundation for lifetime success*. (2013). Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁵⁶ Castelazo, M. (2014). *Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs*. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

Table 25. Number of early care and education centers and homes and their capacity

GEOGRAPHY	CHILD CARE CENTERS		FAMILY CHILD CARE		NANNY/INDIVIDUAL		TOTAL CAPACITY
	NUMBER	CAPACITY	NUMBER	CAPACITY	NUMBER	CAPACITY	
Northwest Maricopa Region	189	20,692	84	420	3	12	21,124
Aguila	-	-	-	-	-	-	-
El Mirage	6	591	1	10	-	-	601
Glendale	81	9,174	41	218	2	8	9,400
Morristown	1	33	-	-	-	-	33
Peoria	64	6,658	20	92	1	4	6,754
Sun City	2	188	-	-	-	-	188
Sun City West	-	-	-	-	-	-	-
Surprise	30	3,787	19	88	-	-	3,875
Waddell (Citrus Park)	1	59	2	8	-	-	67
Wickenburg	3	143	-	-	-	-	143
Wittmann	-	-	-	-	-	-	-
Youngtown	1	59	1	4	-	-	63
Maricopa County	802	97,205	321	1,665	18	72	98,942
Arizona	1,907	113,468	574	3,007	22	88	116,563

Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

Quality First

Quality First, a signature program of First Things First, is a statewide continuous quality improvement and rating system for child care and preschool providers, with a goal to help parents identify quality care settings for their children.

Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.⁵⁷ Quality First providers with higher star ratings receive higher financial incentives and less coaching, while those with lower ratings receive more coaching and lower

⁵⁷ First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

financial incentives.⁵⁸ The following table describes the rating scale as defined by First Things First.

Table 26. Quality First rating scale

1 Star (Rising Star)	2 Star (Progressing Star)	3 Star (Quality)	4 Star (Quality Plus)	5 Star (Highest Quality)
Demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements.	Demonstrates a commitment to provide environments that are progressing in the ability to foster the health, safety and development of young children.	Demonstrates a level of quality that provides an environment that is healthy and safe with access to developmentally appropriate materials. Curriculum is aligned with state standards. Interactions between adults and children are enhanced. Staff qualifications exceed state regulatory requirements.	Demonstrates a level of quality that provides an environment of developmentally appropriate, culturally sensitive learning experiences. Curriculum is aligned with state standards. Relationships between adults and children are nurturing and promote language development and reasoning skills.	Demonstrates a level of quality that provides an environment of lower ratios/group size and higher staff qualifications that supports significant positive outcomes for young children in preparation for school. Curriculum is aligned with state standards and child assessment. Relationships between adults and children are nurturing and promote emotional, social, and academic development.

According to the Northwest Maricopa Region's funding plan,⁵⁹ as of fiscal year 2014, 88 centers and 10 home based providers participated in Quality First; there were 708 scholarship slots funded for children aged birth through five in the region (508 Quality First Child Care Scholarships and 200 Pre-Kindergarten Scholarships); and 58 center based providers and 10 home based providers were served through the child care health consultation component of Quality First. Data from First Things First provided for this report indicate that as of June 2014, 5,777 children in the Northwest Maricopa Region are enrolled in Quality First programs. As of

⁵⁸ The BUILD Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

⁵⁹ First Things First (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20NW%20Maricopa%20SFY15.pdf>

this date, 62 providers are fully participating in the Quality First program, and 19 are participating in the rating component of the program only.⁶⁰

Local Education Agency Preschools

The No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state's academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.⁶¹ The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.⁶² Five school districts in the Northwest Maricopa Region are utilizing these funds to provide a range of programmatic and support services for young children in the region.

Table 27. Number of Local Education Agency Preschools

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Alhambra Elementary District	1	232
Dysart Unified District	10	819
Glendale Elementary District	6	297
Pendergast Elementary District	2	160
Peoria Unified School District	21	866
All Maricopa County Districts	179	8,433
All Arizona Districts	220	10,063

Arizona Department of Education (2014). October 1 Enrollment 2013-2014. Retrieved from <http://www.azed.gov/research-evaluation/arizona-enrollment-figures/>

Head Start/Early Head Start

Head Start is a comprehensive early childhood education program for pre-school age children whose families meet income eligibility criteria. Arizona residents not meeting these criteria may still be eligible for Head Start if children and families are: homeless, in foster care, or receive TANF or SSI. Eligibility is determined by Head Start program staff and some programs enroll a percentage of children from families with incomes above the Poverty Guidelines as well.⁶³ Head Start addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development.

⁶⁰ Unpublished data provided by First Things First. Data pulled as of June 20th, 2014. Enrollment data is self-reported by Child Care provider. Child enrollment numbers do not include children with special needs.

⁶¹ Arizona Department of Education, 2011. Retrieved from: <http://www.ade.az.gov/asd/title1/MissionProgDescription.asp>

⁶² Using Title I of ESEA for Early Education Retrieved from: <http://www.clasp.org/admin/site/publications/files/titlefaq-1.pdf>

⁶³ <http://www.azheadstart.org/enrollment.php>

Early Head Start is a similar program targeted at families with younger children, and Arizona's Early Head Start Programs are targeted at low-income pregnant women and women with children aged birth to three years. Each Early Head Start program determines its own eligibility criteria, although general eligibility criteria are similar to Head Start. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children. Both home-based and center-based care are provided by the Early Head Start Program.

There are four agencies administering Head Start and Early Head Start in Maricopa County: the city of Phoenix (which primarily serves the Phoenix metropolitan area, including some school districts in the Northwest Maricopa Region), the Maricopa County Division of Education Head Start / Early Head Start, Chicanos Por La Causa, and Southwest Human Development. Catholic Community Services additionally acts as a delegate agency in the West Valley, serving several communities in the Northwest Maricopa Region: El Mirage, Glendale, Peoria, Surprise, and Wickenburg.

Most children in the Northwest Maricopa Region are likely to be served by either the city of Phoenix, Maricopa County Division of Education Head Start / Early Head Start (and via Catholic Community Services), or Chicanos Por La Causa (CPLC).

The City of Phoenix offers Head Start programs in two school districts in the Northwest Maricopa Region, both of which provide center-based early education: Alhambra Elementary School District and Deer Valley Unified District. According to the 2012-2013 Head Start Program Information Report⁶⁴ (the most recent data publically available), Alhambra Head Start has a total funded enrollment of 472, and Deer Valley Head Start has a total funded enrollment of 157.

According to the 2012-2013 Head Start Program Information Report,⁶⁵ the Maricopa County Division of Education Head Start / Early Head Start has a total funded enrollment of 1,276 for its Head Start program, including 1,188 center-based program slots and 88 home-based program slots. The Early Head Start Program has a total funded enrollment of 179, including 80 center-based program slots and 99 home-based program slots. It is important to note that these programs serve numerous school districts across the East and West Valleys, including many school districts outside the Northwest Maricopa Region.⁶⁶ The Maricopa County Head Start

⁶⁴ 2012-2013 Head Start Program Information Report (PIR). Retrieved from: <http://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

⁶⁵ 2012-2013 Head Start Program Information Report (PIR). Retrieved from: <http://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

⁶⁶ The Maricopa County Head Start Zero-Five Program 2013 Annual Report indicates that the following school districts were served in 2013: Chandler, Fountain Hills, Gilbert, Higley, Kyrene, Mesa, Queen Creek, Scottsdale, Tempe, Aguila, Avondale, Buckeye, Dysart, Glendale, Littleton, Palo Verde, Peoria, Saddle Mountain, Tolleson, Union, and Wickenburg. This report can be accessed online at: <http://www.hsd.maricopa.gov/getattachment/Divisions/Education/Annual-Reports/2013-Annual-Report.pdf.aspx>

Zero-Five Program 2013 Annual Report indicates that five school districts within the Northwest Maricopa Region were served by the program in 2013: Aguila, Dysart, Glendale, Peoria, and Wickenburg. However, funded enrollment numbers specific to the Northwest Maricopa Region were not available.

Catholic Charities Community Services, a delegate agency of Maricopa County, has both Head Start and Early Head Start programs. The Head Start program has a total funded enrollment of 1,031, including 923 center-based program slots and 108 home-based program slots. The Early Head Start program has a total funded enrollment of 128, including 40 center-based program slots and 88 home-based program slots. Children in El Mirage, Glendale, Peoria, Surprise, and Wickenburg may be eligible to attend Head Start programs through Catholic Charities Community Services.

Chicanos Por La Causa is the Arizona Migrant and Seasonal Head Start grantee, with a total funded enrollment of 840 statewide, including 819 center-based program slots and 21 family child care program slots. Data received from Chicanos Por La Causa for this report⁶⁷ indicate that two communities in Maricopa County were served through the Migrant and Seasonal Head Start Program in the 2012-2013 program year: Dysart (17 toddlers and 61 preschoolers) and Queen Creek⁶⁸ (39 preschoolers). In the 2013-2014 program year, these service numbers increased: 21 toddlers and 62 preschoolers were served in Dysart, and 42 preschoolers were served in Queen Creek. In the 2014-2015 program year, CPLC projects serving 8 toddlers and 62 preschoolers in Dysart, and 42 preschoolers in Queen Creek.

Chicanos Por La Causa (CPLC) also offers an Early Head Start Program with two locations in Phoenix and one location in Queen Creek. Although CPLC does not currently offer a Family Child Care enrollment option, it plans to expand these services in the future. Dysart is being considered as a location for this expanded service.

Cost of Childcare

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was \$8,671, and for a four year old, \$7,398.⁶⁹ The average cost of a year's tuition and fees at an Arizona public college was only 10 percent more. The costs of childcare increase with more than one child in a household, with the average annual cost for one infant and one four year old at \$16,069. Family based providers cost slightly less, with the annual cost for an infant at \$6,641 and for a four year old at \$6,285. Arizona was ranked 16th in the nation for least-affordable

⁶⁷ Chicanos Por La Causa. Unpublished Data. Received June 2014.

⁶⁸ Queen Creek is a community in the First Things First Southeast Maricopa Region.

⁶⁹ Child Care Aware® of America. Parents and the High Cost of Child Care. 2013 Report. <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

childcare for an infant in a center, and 14th for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40 percent of their annual income, while a family of three at 200 percent of the federal poverty level would spend almost 20 percent of their annual income. The follow table shows the average cost of child care in a child care center for children of different ages in Maricopa County. These are estimates for one child in care, so needing child care for multiple children would increase these costs.

Table 28. Cost of early childhood care for one child (median cost per day)

GEOGRAPHY	TYPE OF CARE	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Maricopa County	Full-time	\$ 42.50	\$ 39.07	\$ 34.00
	Part-time	\$ 33.40	\$ 31.20	\$ 24.50
Arizona	Full-time	\$ 41.00	\$ 36.98	\$ 32.00
	Part-time	\$ 32.56	\$ 29.00	\$ 22.50

Arizona Department of Economic Security (2012). *Child Care Market Rate Survey 2012*. Retrieved from <https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf>

The Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care.

Table 29 shows the average estimated cost of child care in a child care center by percent of median family income in a number of communities in the region, as well as in Maricopa County and the state. As shown in the table below, nearly all communities in the Northwest Maricopa Region are estimated to exceed the Department of Health and Human Services expenditure recommendation for child care for all age groups, with the exception of Waddell (Citrus Park) CDP.

Table 29. Cost of full time child care in a child care center by percent of median family income⁷⁰

GEOGRAPHY	MEDIAN FAMILY INCOME	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Aguila CDP	\$36,250.00	28%	26%	23%
El Mirage city	\$46,725.00	22%	20%	17%
Glendale city	\$59,025.00	17%	16%	14%
Peoria city	\$75,485.00	14%	12%	11%
Sun City CDP	\$49,377.00	21%	19%	17%
Sun City West CDP	\$60,282.00	17%	16%	14%
Surprise city	\$64,874.00	16%	14%	13%
Waddell (Citrus Park) CDP	\$89,746.00	11%	10%	9%
Wickenburg town	\$51,273.00	20%	18%	16%
Wittmann CDP	\$22,400.00	46%	42%	36%
Youngtown town	\$42,200.00	24%	22%	19%
Maricopa County	\$64,841.00	16%	14%	13%
Arizona	\$59,563.00	17%	15%	13%

US Census (2013). American Community Survey 5-year estimates, 2008-2012. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; Arizona Department of Economic Security (2012). Child Care Market Rate Survey 2012. Retrieved from <https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf>

Note: Morristown CDP is not included in this table, as the community is too small to obtain a reliable median income estimate from the A

It is also important to note that the percentages shown above are reflective of families with only one young child in need of full-time care. Families with more than one child under five requiring child care would exceed the Department of Health and Human Services recommendation by a higher percentage. Moreover, the percentages above were calculated with the average median income for all families. Single parent homes, particularly those with a single female householder, typically have a lower median income in the Northwest Maricopa Region (see Table 11), resulting in a higher cost of child care by percent of median income. Single parent families may also be more likely to need full-time child care than married-couple families.

Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers holding a college degree rose from 47 to 50 percent over the same time period. During that same period, however, the wages of assistant teachers, teachers and administrative directors

⁷⁰ Note: Median Income data is available at the community level, but average cost of child care are available at the state and county levels only. These calculations were made with community-level median income data and county-level data about average child care costs. Additionally, child care cost figures assume that child care will be utilized for 240 days per year.

working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona only make about half the annual income of kindergarten and elementary school teachers across the state.⁷¹ It is likely that these issues impact retention and turnover of early care and education professionals across the state.

Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in nine-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one FTF Region. According to the region's 2015 funding plan, as of fiscal year 2014, there were 85 child care professionals in the Northwest Maricopa Region receiving TEACH scholarships to take coursework leading to an associate's degree.⁷² Forty-five of these individuals received TEACH scholarships as part of the statewide Quality First package, and 40 of these scholarships were additional TEACH scholarships funded by the Northwest Maricopa Region.

The Northwest Maricopa Region also funds a non-TEACH scholarship strategy in coordination with the Central Arizona College. This strategy funds scholarships for higher education and credentialing to early childhood providers, and was awarded to 43 individuals in fiscal year 2014, according to the region's FY 2015 funding plan.⁷³ Additionally, the Northwest Maricopa Region funds Recruitment into Field efforts with Peoria Unified School District. This strategy offers scholarships for higher education in order to recruit new child care and early education professionals. It also provides career counseling to potential early education workers. One hundred and twenty individuals participated in this program in fiscal year 2014.

Opportunities for Professional Development

There are a wide variety of professional development opportunities for early childhood education workers in Maricopa County. Table 30 shows the degree programs proximal to the

⁷¹ Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona's Unknown Education Issue: Early Learning Workforce Trends. Retrieved from <http://www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf>

⁷² Northwest Maricopa FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20NW%20Maricopa%20SFY15.pdf>

⁷³ First Things First (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20NW%20Maricopa%20SFY15.pdf>

Northwest Maricopa Region. Additionally, community trainings on topics relevant to early childhood education are offered in Glendale by Child & Family Resources and Southwest Human Development.⁷⁴ Notably, community colleges and professional development opportunities are concentrated in the eastern part of the region, near metropolitan Phoenix. This is a substantial distance (an hour or more by car) for residents of parts of the region further to the northwest, such as Aguila and Wickenburg.

Table 30. Degrees offered at community colleges proximal to the Northwest Maricopa Region

COLLEGE	DEGREE OFFERED
Gateway Community College	A.S. in Early Childhood Education A.S. in Early Childhood Education Continued Study A.S. in Early Childhood Special Education C.D.A (Child Development Associate Credential) Certificate, Early Childhood Special Education
Glendale Community College	A.A.S. in Early Childhood Administration and Management A.A.S. in Early Childhood Education C.C.L. in Child Development Associate Preparation C.C.L. in Early Childhood Education
Estrella Mountain Community College	A.A. in Elementary Education (transfers to B.A. in Early Childhood Education at a University)
Phoenix Community College	A.A.S. in Early Childhood Education and Administration C.C.L. in Early Childhood Education and Administration C.C.L. in Curriculum for Young Children C.C.L. in Early Childhood Classroom Management
Rio Salado College (online learning program)	A.A.S. Early Childhood Administration and Management A.A.S. Early Learning and Development

Note: For more information about available programs, please visit college websites:

Gateway Community College: www.gatewayct.edu; Glendale Community College: www.gccaz.edu; Estrella Mountain Community College: www.estrellamountain.edu; Phoenix Community College: www.phoenixcollege.edu; Estrella Mountain Community College: www.estrellamountain.edu

Note: In the table above, Associate of Science is abbreviated as A.S.; Associate of Applied Science is abbreviated as A.A.S.; Child Development Associate Credential is abbreviated as C.D.A.; and Certificate of Completion is abbreviated as C.C.L.

Additionally, Arizona State University (ASU) offers an Early Childhood and Early Childhood Special Education program through their Bachelor of Arts in Education degree. This program is offered out of ASU's Tempe campus. ASU also offers some online Early Childhood Education programs that can be completed from anywhere, including a MEd in Early Childhood Education. Graduate certificates in Autism Spectrum Disorders and Applied Behavior Analysis are also offered online through ASU's Mary Lou Fulton Teachers College.⁷⁵

⁷⁴ Child Care Resource and Referral (2014). *Early Childhood Quarterly*. Retrieved from <http://www.arizonachildcare.org/pdf/quarterly.pdf>

⁷⁵ Retrieved June 2014 from <http://www.asu.edu> and <http://www.asuonline.edu>.

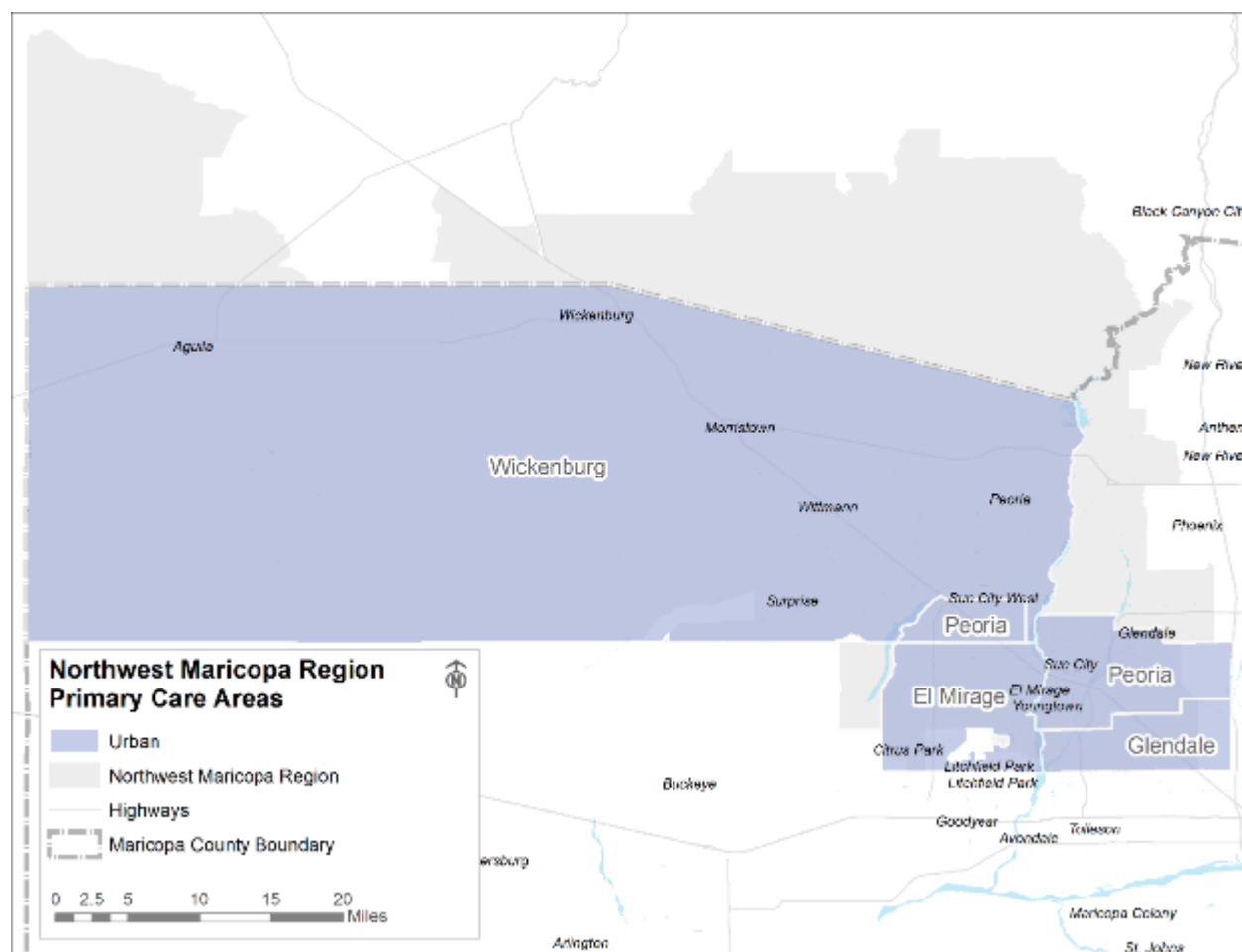
Health

Access to Care

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places.⁷⁶ The labels for the Primary Care Areas are drawn from the major population centers for those areas.⁷⁷ There are four Primary Care Areas within the region: Wickenburg, Peoria, El Mirage, and Glendale. Figure 14 shows a map of the Northwest Maricopa Region's PCAs.

⁷⁶ Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

⁷⁷ Primary Care Areas can receive one of four designations: Urban, Rural, Frontier or Indian. Urban Primary Care Areas are PCAs in counties with a population greater than 400,000 and where the Census County Division (CCD) population is greater than or equal to 50,000. Rural Primary Care Areas are those which a) do not meet the criteria for Frontier and b) are in counties with a population less than 400,000, or where the county population is above 400,000 but the CCD population is less than 50,000. Frontier Primary Care Areas are those with fewer than 6 persons per square mile for the latest population estimates. Tribal Primary Care Areas are Primary Care Areas on tribal lands. A Census County Division (CCD) is a relatively permanent subdivision of a county made by the Census Bureau for statistical purposes.

Figure 14. Primary Care Areas in the Northwest Maricopa Region

Source: Arizona Department of Health Services (2014). Arizona ArcMap files: PCAs. Retrieved from <http://www.azdhs.gov/hsd/data/data.htm>

Medically Underserved Areas and Populations (MUAs and MUPs) are federally designated areas or populations that have a need for medical services based on: too few primary care providers; high infant mortality; high poverty; and/or high elderly population. Groups designated as an MUP include those with economic barriers such as being largely low-income or Medicaid-eligible populations, or those with culture and/or linguistic access barriers to primary care services. With 36 MUAs and 10 MUPs in Arizona, each of Arizona's 15 counties has some areas designated as medically underserved areas or population.⁷⁸

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) and Health Professional Shortage Areas (HPSAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions;

⁷⁸ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. As of 2013 (the most recent year for which data are available), Glendale is designated as a HPSA on the basis of low-income population, and El Mirage and Wickenburg designated as HPSAs on the basis of geography.⁷⁹ These three communities are also designated as Federal Medically Underserved Areas.⁸⁰

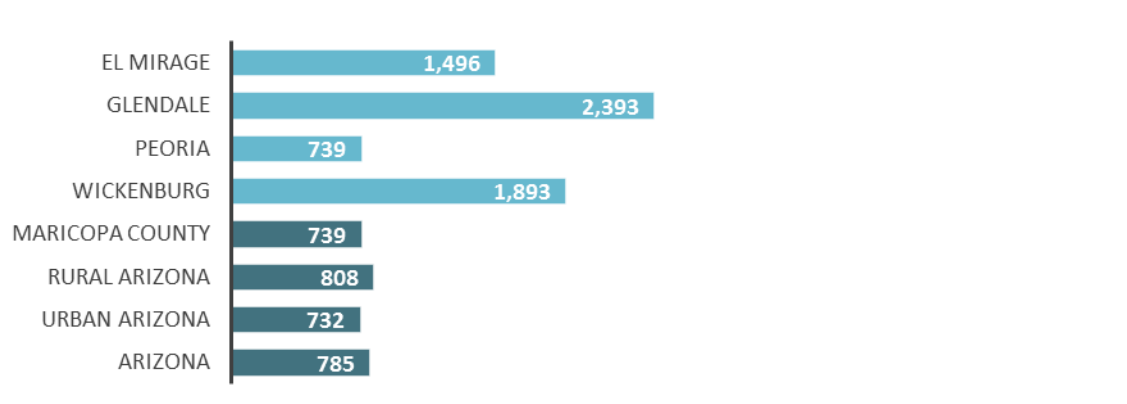
A new priority for the State Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. According to a 2013 report, Arizona may have increasing capacity to provide preventive health services for children ages birth through five years through funding from First Things First, and through potential funding for home visiting programs through the Affordable Care Act.⁸¹

Figure 15 shows the ratio of the population to primary care providers in the region by PCA. The ratio of the population to the number of primary care providers can be used as an indicator of the healthcare infrastructure within the region. In Arizona as a whole, the ratio of residents to primary care providers is about 785:1; in Maricopa County, this ratio is slightly lower, 739:1. Individual PCAs vary. Peoria has the lowest ratio in the region, equaling the Maricopa County ratio and indicating a relatively strong medical infrastructure. However, the other PCAs in the region have substantially higher ratios; 2,393:1 in Glendale, 1,893:1 in Wickenburg, and 1,496:1 in El Mirage. Notably, Glendale also has the highest population of young children in the region.

⁷⁹ Arizona Department of Health Services (2013). Arizona Medically Underserved Areas. <http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf>

⁸⁰ Arizona Department of Health Services (2013). Federal Medically Underserved Areas. Retrieved from http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal_MUA.pdf

⁸¹ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

Figure 15. Ratio of population to primary care providers

Arizona Department of Health Services (2013). *Primary Care Area Statistical Profiles 2012*. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

There are several family care and emergency medical centers in the Northwest Maricopa Region. The Maricopa Integrated Health System⁸² operates a Family Health Center in Glendale and El Mirage. The center provides primary care for adults and children, as well as dental care, pharmacy services, and radiology. They also offer pediatric, internal medicine, and obstetrics and gynecology services. Arrowhead Health Center⁸³ also operates family medicine practices in Glendale and Surprise/Sun City.

There are several urgent care centers in Glendale: Advantage Urgent Care⁸⁴ (which treats non-life-threatening illnesses and injuries, including fractures, sprains, and common childhood illnesses); West Valley Urgent Care⁸⁵ (which offers physicals in addition to services to treat most non-life-threatening illnesses including pediatric problems, asthma, diabetes, and fractures); and The Phoenix Children's Northwest Valley Specialty and Urgent Care Center⁸⁶ (which provides pediatric services, pediatric emergency care on evenings and weekends, and specialty services such as endocrinology, nephrology, and speech therapy). Hospitals in Glendale include the Banner Thunderbird Medical Center,⁸⁷ a 561-bed acute-care facility, which offers a range of services including inpatient and outpatient services, maternity services, cancer care, emergency care, and a 40-bed inpatient pediatric intensive care unit. The medical center also has a separate children's emergency department. The Arrowhead Hospital⁸⁸ in Glendale offers

⁸² <http://mihs.org/>

⁸³ <http://www.arrowheadhealth.com/>

⁸⁴ <http://advantageurgentcare.com/urgent-care-glendale/>

⁸⁵ <http://westvalleyurgentcare.com/locations/glendale-office>

⁸⁶ <http://www.phoenixchildrens.org/locations/phoenix-children%E2%80%99s-northwest-valley-center-specialty-and-urgent-care>

⁸⁷ http://www.bannerhealth.com/Locations/Arizona/Banner+Thunderbird+Medical+Center/_Banner+Thunderbird+Medical+Center+home+page.htm

internal, general, and emergency care, specializing in cardiovascular, surgical, and obstetrical care. Arrowhead also provides mother and infant care, and has a NICU and a 24-bed ICU.

Hospitals in Sun City include the Banner Boswell Medical Center,⁸⁹ a 501-bed hospital specializing in cardiac services, neurosciences, orthopedic services, rehabilitation, and oncology. The Restora Hospital of Sun City⁹⁰ is a 120-bed hospital offering long term acute care including services for people on ventilators, wound care, and post-surgical care.

In Sun City West, the Banner Del E. Webb Medical Center⁹¹ is a full-service medical center with 404 beds. A range of services are provided, including medical, surgical, and emergency care as well as OB/GYN, cancer, and outpatient services. The medical campus also houses the Louisa Kellam Center for Women's Health, as well as The Nesting Place Obstetrical Suites. Sun City West Medical Office⁹² (part of the Cigna Medical Group) also offers family medicine in surprise, including internal medicine, lab and pharmacy services.

As reflected in Figure 15, medical care is widely available in Peoria. The Banner Health Center in Peoria⁹³ offers primary care for children and adults of all ages. Arrowhead Ranch Medical Center⁹⁴ (part of the Cigna Medical Group) offers family medicine, lab, and pharmacy services. Hospitals in Peoria including the North Peoria Emergency Center⁹⁵ (a 14-bed emergency care center offering both inpatient and outpatient care 24 hours a day), and the Kindred Hospital⁹⁶ (a 58-bed transitional care hospital specializing in caring for long-term patients suffering from catastrophic illness). Urgent care is also available for children and adults through the We Care Urgent Center,⁹⁷ which treats non-life-threatening conditions and provides outpatient care, and Good Night Pediatrics,⁹⁸ an overnight pediatric urgent care center open every night of the year including weekends and holidays.

⁸⁸ <http://www.abrazohealth.com/facilities/arrowhead/home.aspx>

⁸⁹ http://www.bannerhealth.com/Locations/Arizona/Banner+Boswell+Medical+Center/Programs+and+Services/Emergency+Care/_Emergency+Care.htm

⁹⁰ <http://www.restorahealthcare.com>

⁹¹ http://www.bannerhealth.com/Locations/Arizona/Banner+Del+Webb+Medical+Center/About+Us/_About+Us.htm

⁹² (<http://www.cigna.com/cmgaaz/locations/sun-city-west-medical-office>)

⁹³ http://www.bannerhealth.com/_Banner+Medical+Group/Office+Locations/_Banner+Health+Center+-+Primary+Care+-+Peoria+Sun+City+West/About+Us.htm

⁹⁴ <http://www.cigna.com/cmgaaz/locations/arrowhead-ranch-medical-office>

⁹⁵ <http://www.abrazohealth.com/Files/Fact%20Sheets/NPEC%20fact%20sheet.pdf>

⁹⁶ <http://www.khphoenixnw.com/about-us/>

⁹⁷ <http://www.wecareurgentcare.com/>

⁹⁸ <http://www.goodnightpeds.com/home.html>

Urgent care centers in Surprise include Surprise Family Urgent Care,⁹⁹ Advantage Urgent Care,¹⁰⁰ and West Valley Urgent Care,¹⁰¹ which treat non-life-threatening illnesses and injuries, including childhood illnesses and pediatric problems. Families in El Mirage may be most likely to travel to Surprise or Sun City for urgent care needs. Additionally, Adelante Health Care¹⁰² in Surprise offers family, pediatrics, women's health services, family dental services, and WIC and nutrition services.

Adelante Health Care also offers these services in its Wickenburg location. Wickenburg Community Hospital¹⁰³ offers many services for the Wickenburg community, including a level four trauma emergency room, rehabilitation services, x-rays, and primary care clinics (including pediatric services). Wickenburg is also home to several specialty treatment centers, including the Rosewood Center for Eating Disorders,¹⁰⁴ Remuda Ranch (treatment center for eating disorders),¹⁰⁵ and The Meadows (trauma and addiction treatment center).¹⁰⁶ These treatment centers attract clientele from across Arizona and nationally.

Additionally, the Phoenix Indian Medical Center (PIMC), an Indian Health Services (IHS) hospital¹⁰⁷ provides healthcare services to American Indians and Alaska Natives (AIANs) who are members of federally recognized tribes residing in the metropolitan areas of Phoenix and to AIAN tribal members from other areas through the Phoenix Area region who are referred to PIMC. Indian Health Service serves approximately 61,800 active users in Maricopa County, including 7,323 children under the age of six.¹⁰⁸ There are 127 beds located in PIMC and over 600 people staff the facility. Services offered at PIMC include: anesthesiology, pediatrics, internal medicine, surgery, plastic surgery, obstetrics-gynecology, emergency medicine, radiology, physical therapy, dental services, and more. Subspecialties of PIMC include gastroenterology, infectious disease, and pulmonary health. There are also future plans to

⁹⁹ <http://surprisefamilyurgentcare.com/about-us/>

¹⁰⁰ <http://advantageurgentcare.com/urgent-care-surprise/>

¹⁰¹ <http://westvalleyurgentcare.com/services>

¹⁰² <http://www.adelantehealthcare.com/locations/adelante-healthcare-surprise/>

¹⁰³ <http://www.wickhosp.com/>

¹⁰⁴ <http://rosewoodranch.com/>

¹⁰⁵ <http://www.remudaranch.com/>

¹⁰⁶ <http://www.themeadows.com/>

¹⁰⁷ Indian Health Services. Phoenix Service Unit. *U.S. Department of Health and Human Services*. Retrieved from http://www.ihs.gov/phoenix/index.cfm?module=dsp_phx_hf_phx

¹⁰⁸ Indian Health Service Phoenix Area. *[IHS Usage Statistics 2014]*. FY-2013 Active Users and Census Projections. Unpublished data provided by the Indian Health Service Phoenix Area. Please note that the IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013). These data are based on the children's place of residence and not on where the service was provided. It can be assumed that in most cases services were received at Phoenix Indian Medical Center.

expand PIMC to include a cardiology subspecialty department. PIMC also offers an array of community health services to AIANs residing in the Phoenix area, including public health nursing, social services, mental health and substance abuse services, health education, environmental health, and nutritional services. Additionally, PIMC is unique in the fact that an entire floor in the PIMC building is dedicated to the National Institutes of Health, where research on common diseases found in Southwest tribes is conducted.

Urban American Indians and other community members residing in Maricopa County may also receive healthcare from Native Health. Native Health¹⁰⁹, which offers numerous healthcare and wellness services, has been operating since 1978 and has grown and expanded greatly over the years. Native Health now operates Native Health Central, NHW Community Health Center, Native Health Information and Referral Center (located in the Metrocenter Mall), and three WIC facilities located at both Native Health medical facilities (Native Health Central and NHW Community Health Center) and the Phoenix Indian Medical Center (PIMC). The services Native Health provides include podiatry, diabetes education, chronic care management, behavioral health, primary medical services, pediatric services, prenatal and women's health, optometry services, and dental services. Native Health also operates a Health Start (Mothers) Program, which is funded by the Arizona Department of Health Services. This program trains Community Health Workers (CHWs) to help women in the Phoenix area receive prenatal care and to ensure children receive needed immunizations. The program also offers health and wellness guidance to women and families during pregnancy and until the child reaches the age of two.

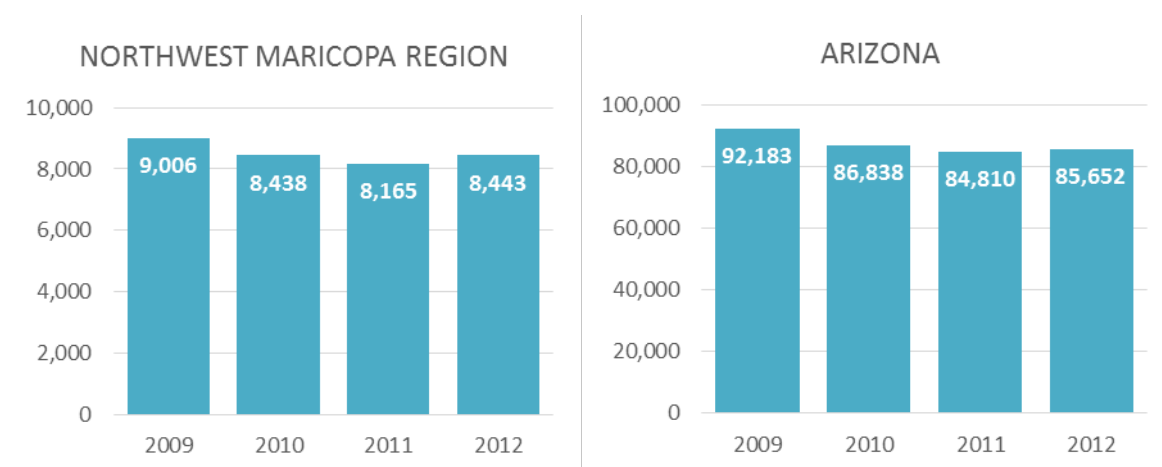
Additionally, Native Health operates the Maternal, Infant, and Early Childhood Home Visiting program, which was created to strengthen Native families that reside away from reservations by increasing the health and wellness of the entire family, ensuring school readiness in young children, teaching parenting skills, and much more. The mission of Native Health is to provide holistic, patient-centered, culturally sensitive health and wellness services to AIANs throughout the Phoenix area. For more information on the programs listed here, or any of the many other programs provided through Native Health, visit the Native Health website at <http://www.nativehealthphoenix.org/>.

Pregnancies and Births

The population of Arizona has grown in recent years, however the number of births decreased from 2009 to 2011, with a slight increase in 2012.¹¹⁰ As shown in the following figure, births in the Northwest Maricopa Region have followed a similar trajectory.

¹⁰⁹ <http://www.nativehealthphoenix.org/>

¹¹⁰ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

Figure 16. Number of births per calendar year (2009-2012)

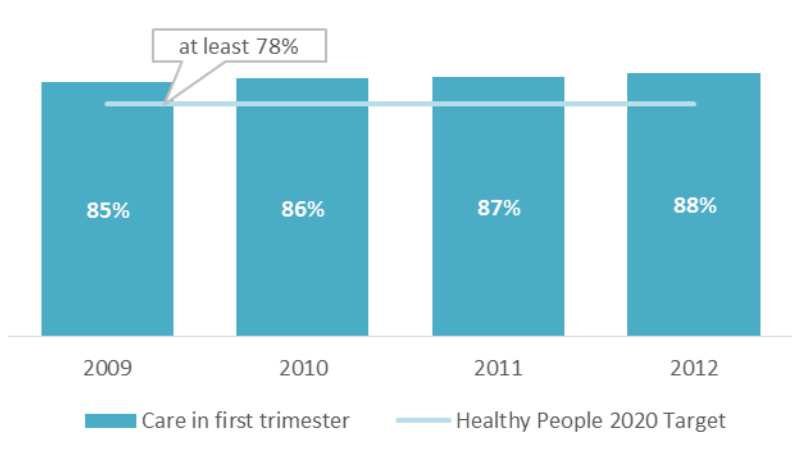
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.¹¹¹ Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. In Arizona as a whole, 79 percent of births meet this standard. A greater proportion of women receive prenatal care in the first trimester of pregnancy in the Northwest Maricopa Region; this statistic has steadily risen in the last four years, reaching 88 percent in 2012. The Northwest Maricopa Region meets the Healthy People 2020 target for receiving prenatal care in the first trimester of pregnancy (Figure 17).

¹¹¹ Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DataAction/pdf/rhow8.pdf>

Figure 17. Average percent of births with prenatal care begun first trimester by year in the Northwest Maricopa Region (2009-2012)

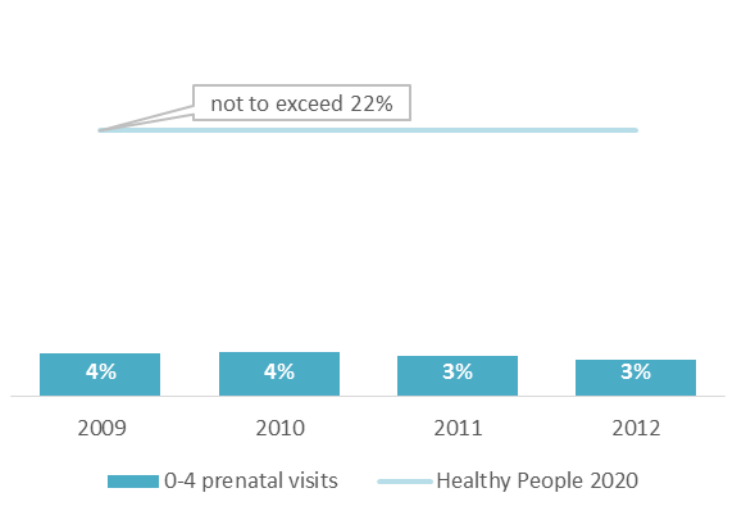


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number.¹¹² The Healthy People 2020 target for receiving fewer than five prenatal care visits is less than 22 percent. The Northwest Maricopa Region met these targets from 2009 through 2012, and there has been a slight decrease in the percentage of women receiving four or fewer prenatal visits from 2010 to 2012 (see Figure 18). These data suggest that prenatal care is accessible and well-utilized in the Northwest Maricopa Region.

¹¹² American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2002

Figure 18. Average percent of births with fewer than five prenatal care visits by year in the Northwest Maricopa Region (2009-2012)



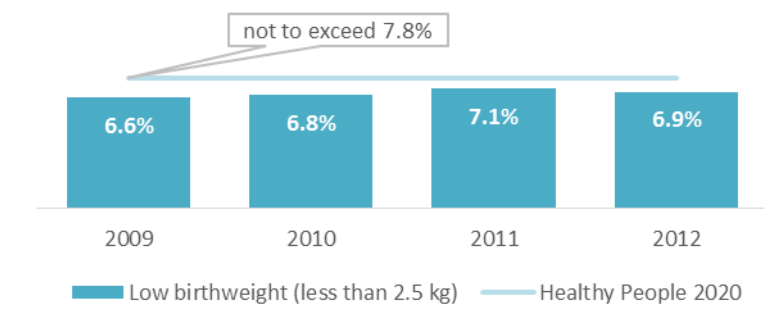
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and birth defects,¹¹³ as well as air pollution.¹¹⁴ The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. As shown in Figure 19, the Northwest Maricopa Region meets the Healthy People 2020 target, although low birth weight births have increased slightly between 2009 and 2012.

¹¹³ Arizona Department of Health Services. Preterm Birth and Low Birth Weight in Arizona, 2010. Retrieved from: <http://www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf>

¹¹⁴ Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). The Lancet Respiratory Medicine. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

Figure 19. Average percent of births with low birth weight (5 lbs., 8oz. or less) births by year in the Northwest Maricopa Region (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.¹¹⁵ In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.¹¹⁶

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years (reflective of the national trend), Arizona still has the 11th highest teen birth rate nationally.¹¹⁷ Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29 percent decline.¹¹⁸ However the teen birth rate in Arizona is still higher than the national average, for both girls aged 10-14 and 15-19.

Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment,

¹¹⁵ Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family Planning, Healthy People 2010. Retrieved from: <http://www.healthypeople.gov/Document/HTML/Volume1/09Family.htm>

¹¹⁶ Centers for Disease control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from: <http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>

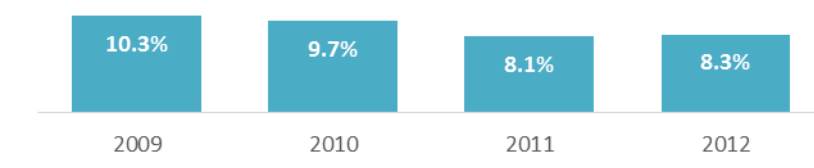
¹¹⁷ The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012. <http://thenationalcampaign.org/data/compare/1701>

¹¹⁸ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

these rates indicate that teen parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas.

In 2012, nine percent of all births in Arizona were to mothers aged 19 or younger; in the Northwest Maricopa Region, 8.3 percent of births were to teenage mothers.

Figure 20. Percent of Births to Teen Mothers by year in the Northwest Maricopa Region



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

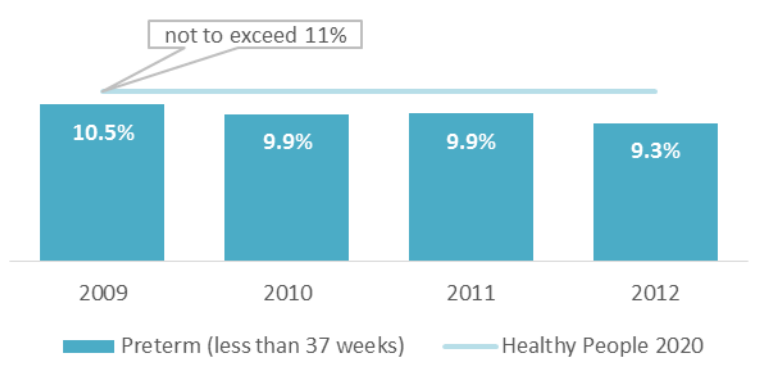
In Arizona, teen pregnancy was estimated to have cost the state \$240 million in 2010. The costs in previous years had been much higher and if the declines in teen pregnancy seen in recent years had not occurred, the state would have needed to spend an estimated \$287 million more in 2010.¹¹⁹ Reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population.¹²⁰

Although teen pregnancy is often linked with preterm births¹²¹, the percent of preterm births in the region falls below the Healthy People 2020 target. In 2012, the rate of preterm births in the Northwest Maricopa Region was the same as the state rate, with just over nine percent of births being preterm births.

¹¹⁹ The National Campaign to Prevent Teen and Unplanned Pregnancy. Counting It Up. The Public Costs of Teen Childbearing in Arizona in 2010. April 2014. Retrieved from: <http://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-arizona.pdf>

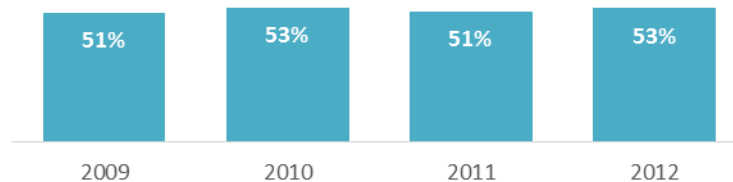
¹²⁰ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

¹²¹ Chen, X-K, Wen, SW, Fleming, N, Demissie, K, Rhoads, GC & Walker M. (2007). International Journal of Epidemiology; 36:368–373. Retrieved from: <http://ije.oxfordjournals.org/content/36/2/368.full.pdf+html>

Figure 21. Percent of preterm births in the Northwest Maricopa Region by year (under 37 weeks)

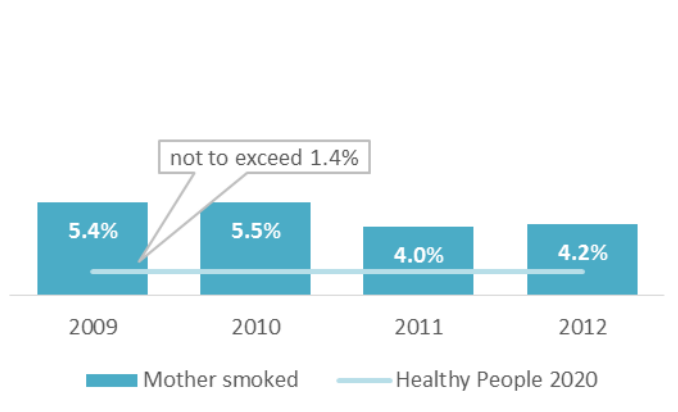
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

About half (53% in 2012) of all births in the Northwest Maricopa Region are covered by AHCCCS or IHS as the payee for birth expenses. This is slightly lower than the state overall, which had 55 percent of births with AHCCCS or IHS as the payee in 2012.

Figure 22. Births covered by AHCCCS or IHS in the Northwest Maricopa Region by year (2009-2012)

Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The Healthy People 2020 target for tobacco use during pregnancy is not to exceed 1.4 percent. Arizona does not meet this target: statewide, about four percent of women report smoking during pregnancy. In the Northwest Maricopa Region, a slightly higher percentage of women have reported using tobacco during pregnancy, although this rate dropped to 4.2 percent in 2012 (Figure 23).

Figure 23. Tobacco use during pregnancy in the Northwest Maricopa Region by year (2009-2012)

Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Insurance Coverage

Affordable Care Act and Medicaid Expansion

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state's children (those under 18 years of age) uninsured.¹²²

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90 percent thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 percent and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums.¹²³ These individuals can purchase health insurance through health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover a number of "essential" services relevant to children. These include routine eye exams and eye glasses for

¹²² Mancini, T. & Alker, J. (2013). Children's Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

¹²³ The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. <http://health.utah.gov/disparities/data/ACAResourceKit.pdf>

children once per year, and dental check-ups for children every six months.¹²⁴ However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.¹²⁵ A potential barrier to this method is that a separate, additional premium for this supplemental plan is required,¹²⁶ and subsidies will not be available for these separately purchased plans.¹²⁷ Both these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these “essential” services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the uptake of pediatric dental and vision coverage in Arizona.

Table 31 shows the percent of the population in the region, county, state and regional communities who are estimated to be uninsured. The percentage of the total population uninsured in the region (14%) is higher than the percentage of uninsured children ages birth through five in the region (9%). However, both of these region-level rates are lower than the percentage of those without health insurance in Maricopa County (17% all ages; 10% of those ages birth through five) and in Arizona overall (17% all ages; 11% of those aged birth through five).

The estimated percent of the population without insurance varies across communities in the region. Wickenburg and Wittmann have the highest proportion of uninsured young children (32% and 23%, respectively). A relatively high proportion of adults in Aguila (37%), Youngtown (23%), and El Mirage (22%) are uninsured. Uninsured rates for young children are closer to the statewide average in Aguila (8%) and El Mirage (14%), but somewhat higher in Youngtown (17%). These three communities have relatively high percentages of foreign born parents (see Table 5). These parents may be more likely to be out of work or hold jobs without health insurance benefits.

¹²⁴ Arizona EHB Benchmark Plan. Centers for Medicare & Medicaid services. <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf>

¹²⁵ Essential Health Benefits. Arizona Department of Insurance. June 1, 2012. <http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf>

¹²⁶ Can I get dental coverage in the Marketplace? <https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/>

¹²⁷ Kids’ Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts. <http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226>

Table 31. Percent of population insured

GEOGRAPHY	2010 CENSUS POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	2010 CENSUS POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
Northwest Maricopa Region	682,256	14%	55,083	9%
Aguila	1,197	37%	103	8%
El Mirage	31,787	22%	4,049	14%
Glendale	266,590	18%	23,656	9%
Morristown	1,578	19%	116	0%
Peoria	158,093	13%	12,355	6%
Sun City	45,145	6%	787	6%
Sun City West	26,709	3%	33	0%
Surprise	120,935	10%	11,490	8%
Waddell (Citrus Park)	8,745	13%	901	6%
Wickenburg	8,621	15%	458	32%
Wittmann	6,700	19%	532	23%
Youngtown	6,156	23%	603	17%
Maricopa County	3,817,117	17%	339,217	10%
Arizona	6,392,017	17%	546,609	11%

US Census (2010). Tables P1, P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B27001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Medicaid (AHCCCS) and KidsCare Coverage

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100 percent of the Federal Poverty Level or FPL) and the Title XXI program (Arizona's Children's Health Insurance Program known as KidsCare). KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100 percent -200 percent of the FPL. However, due to budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010, and eligible new applicants were referred to the KidsCare Office to be added to a waiting list.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 percent to 175 percent of the FPL, based on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.¹²⁸

¹²⁸ Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, American Indians enrolled with a federally recognized tribe and certain Alaskan Natives do

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered thru the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 percent and 200 percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families cannot afford insurance because they do not qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 percent and 200 percent of the poverty level to enroll in KidsCare.¹²⁹

Currently, enrollment for the original KidsCare will remain frozen in 2014. Children enrolled in KidsCare with families making between 133 percent and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 percent and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance.¹³⁰

Very few children in Arizona and Maricopa County were enrolled in KidsCare in 2014, as shown in the table below.

Table 32. Children (0-17) with KidsCare coverage in Maricopa County

GEOGRAPHY	POPULATION (0-17)	MARCH 2012		MARCH 2013		MARCH 2014	
Maricopa County	1,007,861	7,343	0.7%	22,252	2.2%	1,360	0.1%
Arizona	1,629,014	11,646	0.7%	35,965	2.2%	2,148	0.1%

AHCCCS (2014). KidsCare Enrollment by County. Retrieved from

<http://www.azahcccs.gov/reporting/Downloads/KidsCareEnrollment/2014/Feb/KidsCareEnrollmentbyCounty.pdf>

Nearly a quarter of the American Indian population in the state lives in Maricopa County, and the majority (87%) reside outside of reservation areas.¹³¹ Data on Medicaid or AHCCCS coverage through the Indian Health Service¹³² for active users under age six who are members of a federally recognized tribe in Maricopa County were provided by the Indian Health Service

not have to pay a premium. Proof of tribal enrollment must be submitted with the application.

<http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and <http://www.azahcccs.gov/applicants/KidsCareII.aspx>

¹²⁹ Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media.

<https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/>

¹³⁰ Arizona State Health Assessment, December 2013. Arizona Department of Health Services.

<http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

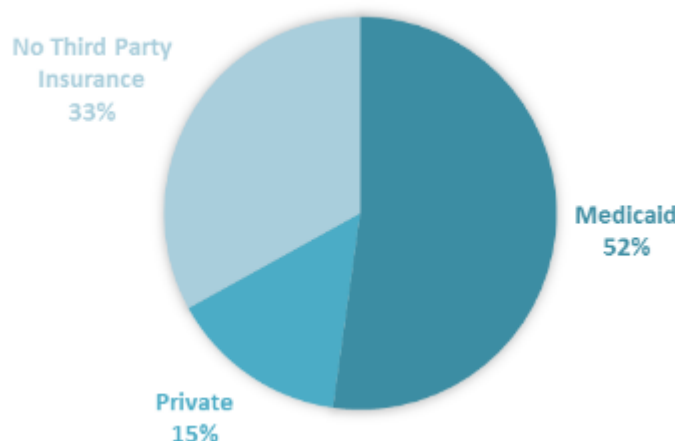
¹³¹ Source: US Census (2010). Table P9. Retrieved from

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_P9&prodType=table

¹³² For more information, see <http://www.ihs.gov/>

for inclusion in this report. The Indian Health Service serves approximately 61,800 urban Indians in Maricopa County, including 7,323 children under the age of six.¹³³ As shown in the following figure, 52 percent of these children were covered by Medicaid.

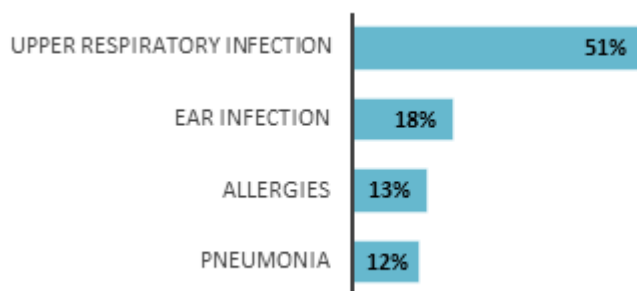
Figure 24. Insurance coverage, Indian Health Service active users (0-5), Maricopa County, 2011-2013



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

Some additional data about the health of young children served by the Indian Health Service were also provided. Figure 25 shows the top five diagnoses over a two-year period for the active users under age six in Maricopa County. As shown, 51 percent of active users under six in the region were seen for an upper respiratory infection between 2011 and 2013.

Figure 25. Top five diagnoses by unique patients aged birth through five, 2011-2013 (Indian Health Service)



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

¹³³ Indian Health Service Phoenix Area. [IHS Usage Statistics 2014]. FY-2013 Active Users and Census Projections. Unpublished data provided by the Indian Health Service Phoenix Area. Please note that the IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013). These data are based on the children's place of residence and not on where the service was provided. It can be assumed that in most cases services were received at Phoenix Indian Medical Center.

Developmental Screenings and Services for Children with Special Developmental and Health Care Needs

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start.

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to five (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”.¹³⁴ The survey also estimates that nearly one in three Arizona children with special health care needs have an unmet need for health care services (compared to about one in four nationally).

In addition, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening do not receive appropriate follow up services to address this auditory need.¹³⁵

The Northwest Maricopa Region funds a Family Support Strategy for Children with Special Needs through Child and Family Resources Inc.¹³⁶ This effort provides services and coaching to parents of children who are identified to have special needs in the region.

AzEIP Referrals and Services

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), which also provides services or makes referrals to other appropriate agencies (e.g. for Division of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at

¹³⁴ “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from www.childhealthdata.org.

¹³⁵ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

¹³⁶ For more information, see <http://www.childfamilyresources.org/>

high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

Private insurance often does not cover the therapies needed for their children. The 2009-2010 National Survey of Children with Special Health Care Needs found that about 22 percent of families with a child with special health care needs pay \$1,000 or more in out of pocket medical expenses (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2013).¹³⁷ The cost of care has become an even more substantial issue as state budget shortfalls have led AzEIP to begin instituting a system of fees for certain services. Although no fees are associated with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, will have fees (Arizona Department of Economic Security, 2012).¹³⁸ The families of AHCCCS-enrolled children will not be required to pay the fees. However, in an effort to help reduce the financial burden for services on families, AzEIP has recently proposed to eliminate Family Cost Participation, which requires families to share in the costs of early intervention services based upon family size and income. AzEIP is currently in the process of receiving public comment about this proposed change in policy.¹³⁹

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

AzEIP service providers are designated based on zip code, and several AzEIP providers serve zip codes in the Northwest Maricopa Region: Arizona Cooperative Therapy, United Cerebral Palsy, Child and Family Resources, Sunrise Therapy Services, and High Country Early Intervention

¹³⁷ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The National Survey of Children with Special Health Care Needs Chartbook 2009–2010*. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

¹³⁸ Arizona Department of Economic Security. (2012). *Arizona Early Intervention Program Family Cost Participation Fact Sheet*. Retrieved July 25th 2012 from https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/fact_sheet_english_rev_10_12_10.pdf

¹³⁹ Arizona Department of Economic Security. *Family Cost Participation*. Retrieved May 2014 from <https://www.azdes.gov/AzEIP/Family-Cost-Participation>

Program.¹⁴⁰ Regional AzEIP data were unavailable for the current report, however, some state-level summaries were provided. Data provided include AzEIP statewide data for the total unduplicated number of children served for 2012 [note: these numbers include children served in AzEIP only, and children who are eligible for AzEIP, DDD and ASDB (Arizona Schools for the Deaf and the Blind) services]. During the month of February 2013, there were 5,451 AzEIP eligible children with an Individualized Family Service Plan. In addition, the total number of children served in Arizona in 2012 based on an October 1st count was 5,100. Of those, 667 were one year old or younger, 1,561 were between the ages of one and two and 2,872 were between two and three years of age. The total number of infants and toddlers receiving early intervention services from July 1, 2011, through June 30, 2012 was 9,738 (this includes all AzEIP eligible children including those eligible for AzEIP only, as well as those eligible for AzEIP, DDD and/or ASDB).¹⁴¹

DDD Services

The Division of Developmental Disabilities (DDD) serves adults and children throughout the state. DDD supports the family unit by encouraging the family to serve as primary caregivers and by providing in-home assistance and respite care. To qualify for DDD services an individual must have a cognitive delay, cerebral palsy, autism, epilepsy or be at risk for one of these delays. In addition, the delay must limit the individual in three or more of the following areas: self-care, communication, learning, mobility, independent living, or earning potential. Children aged birth through two are eligible if they show significant delays in one or more area of development. They are often served by the Arizona Early Intervention Program (AzEIP) which works to support their development and coach family in supporting the child's development. Children aged three to six are eligible if they are at-risk for a developmental delay if they don't receive services. DDD also offers support groups for families dealing with autism or Downs Syndrome or families receiving services who are Spanish-speaking only.¹⁴²

In the Northwest Maricopa Region, 654 children were served by DDD in 2012. This is a decrease of four percent from the number of children served in 2010 (679). The number of children in the Northwest Maricopa Region who receive services from DDD make up approximately 17 percent of all children served in Maricopa County.¹⁴³

¹⁴⁰ AzEIP (2014). AzEIP Referral Contact List. Retrieved from https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/azeip_referral_contact_list.pdf

¹⁴¹ First Things First (2014). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request.

¹⁴² Family Support Annual Report, July 1, 2011 – June 30, 2012. Department of Economic Security Division of Developmental Disabilities.

¹⁴³ First Things First (2014). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Preschool and Elementary School Children Enrolled in Special Education

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. As can be seen in Table 33, the percentage of students enrolled in special education varies across school districts in the region. Two districts in the region have 15 percent of students enrolled in special education: Dysart Unified District and Peoria Unified School District. This is higher than the statewide rate (12%), and more than double the rate for Maricopa County overall (7%), suggesting that there may be a high number of young children in the region who would benefit from an expansion of special education and/or early intervention services.

Table 33. Percent of preschool and elementary school children enrolled in special education

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Aguila Elementary District	2	128	<25	DS
Alhambra Elementary District	30	11,536	1,006	9%
Deer Valley Unified District	58	17,787	1,890	11%
Dysart Unified District	40	14,912	2,302	15%
Glendale Elementary District	34	10,835	1,165	11%
Morristown Elementary District	2	105	<25	DS
Nadaburg Unified School District	4	590	85	14%
Pendergast Elementary District	28	7,423	819	11%
Peoria Unified School District	64	18,632	2,775	15%
Wickenburg Unified District	6	635	66	10%
All Maricopa County Public and Charter Schools	182	61,264	4,415	7%
All Arizona Public and Charter Schools	2,846	610,079	72,287	12%

Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request

Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.¹⁴⁴ Personal belief exemptions, parents/guardians opting out of required immunizations for their children for personal reasons rather than medical ones, have risen in Arizona kindergartens in recent years from 1.6 percent in 2003 to 3.9 percent for the 2012-2013 school year.¹⁴⁵ More than a third of kindergartens (35%), and 29 percent of childcare facilities in the state have personal belief exemption rates greater than five percent. Personal

¹⁴⁴ Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

¹⁴⁵ Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from <http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf>

belief exemptions are most often done for convenience (it may be easier than obtaining vaccination records) or due to fears about the negative health consequences of the vaccine itself. Those obtaining personal belief exemptions in kindergarten settings are more likely to be from white, higher income families, with higher rates also found in charter schools compared to public schools.¹⁴⁶ This is particularly interesting when considered along with the fact that Arizona has the highest number of charter schools in the country. Geographic clustering of high personal belief exemption rates also exists in the state, which is of particular concern when considering the likelihood of vaccine-preventable disease outbreaks, e.g., pertussis. In sum, parental refusal to vaccinate is contributing to levels of under-vaccination across the state.

In response to these concerns, the Arizona Department of Health Services has developed an Action Plan to Address Increasing Vaccine Exemptions.¹⁴⁷ This plan includes strategies aimed at schools, childcare centers, physicians' offices and parents consisting of revisions to exemptions forms, education and training, streamlined immunization reporting and better resources covering immunization requirements. Implementation of these strategies have begun and rates of exemptions will be tracked over time to judge the success of these strategies.

Vaccination and exemption rates in Maricopa County are very similar to rates in Arizona overall, as shown in Table 34 and Table 35. Of young children enrolled in child care or kindergarten in Maricopa County, about four percent have religious exemptions from vaccination, and a little under one half of one percent have a medical exemption.

Table 34. Immunization rates for children enrolled in child care (2012-2013)¹⁴⁸

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	1+ MMR	3+ HIB	3+ HEP B	1+ VARICELLA OR HISTORY	RELIGIOUS EXEMPTION	MEDICAL EXEMPTION
Maricopa County	55,474	93%	94%	95%	94%	93%	95%	4%	0.5%
Arizona	84,244	94%	95%	96%	94%	94%	95%	4%	0.5%

Arizona Department of Health Services (2013). *Childcare Coverage for 2012-2013 School Year*. Retrieved from <http://azdhs.gov/phs/immunization/statistics-reports.htm>

¹⁴⁶ Ibid

¹⁴⁷ Arizona Department of Health Services. *Action Plan to Address Increasing Vaccine Exemptions*. 10/1/2013. Retrieved from <http://azdhs.gov/phs/immunization/documents/statistics-reports/action-plan-address-vaccine-exemptions.pdf>

¹⁴⁸ Note: The immunization requirements for children ages 2-5 in child care in the state of Arizona are as follows: 4 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3 doses of the polio vaccine, 1 dose of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hib (Haemophilus Influenzae type B) vaccine, 3 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

Table 35. Immunization rates for children enrolled in kindergarten (2012-2013)¹⁴⁹

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	2+ MMR	3+ HEP B	1+ VARICELLA OR HISTORY	PERSONAL EXEMPTION	MEDICAL EXEMPTION
Maricopa County	56414	94%	95%	94%	96%	97%	4%	0.4%
Arizona	87909	95%	95%	95%	96%	97%	4%	0.3%

Arizona Department of Health Services (2013). Kindergarten Coverage for 2012-2013 School Year. Retrieved from <http://azdhs.gov/phs/immunization/statistics-reports.htm>

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.¹⁵⁰ Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."¹⁵¹ When young children experience stress and trauma they have limited responses available to react to positive developmental experiences. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.¹⁵² A number of interacting factors influence the young child's healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.¹⁵³

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and

¹⁴⁹ Note: The immunization requirements for kindergarteners in the state of Arizona are as follows: 4-5 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3-4 doses of the polio vaccine, 2-3 doses of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

¹⁵⁰ *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

¹⁵¹ Zero to Three Infant Mental Health Task force Steering Committee, 2001

¹⁵² Zero to Three Policy Center. Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emoional_Development.pdf?docID=2081&AddInterest=1144

¹⁵³ Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.¹⁵⁴

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Arizona is divided into separate geographical service areas to administer behavioral health services. Arizona is divided into separate geographical service areas served by various RBHAs.¹⁵⁵

Since April 1st, 2014 Maricopa County has been served by Mercy Maricopa Integrated Care (previously, Magellan of Arizona had been the county's RBHA administrator). Mercy Maricopa Integrated Care offers two health plans for residents of Maricopa County: Mercy Maricopa, which serves people who qualify for RBHA services, and Mercy Maricopa Advantage, which serves people who qualify for RBHA services, have Medicaid, have been determined to have a serious mental illness, and have Medicare.¹⁵⁶

In 2012, over 213,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 68,743 (32%) of enrollees were children or adolescents, up from 21 percent in 2011; children aged birth through five years comprised almost 5 percent of all enrollees¹⁵⁷ in 2012, compared to four percent in 2011.¹⁵⁸ With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there are a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young

¹⁵⁴ Zero to Three Policy Center. Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

¹⁵⁵ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

¹⁵⁶ Mercy Maricopa Integrated Care. Retrieved from: <http://www.mercymaricopa.org>

¹⁵⁷ Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

¹⁵⁸ Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

children. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.¹⁵⁹ Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this positive outcome, there needs to be better and more efficient identification of children exposed to violence and trauma and in need of mental health intervention, and more child-specific, trauma-informed services available to treat these children.¹⁶⁰

The Northwest Maricopa Region funds a Mental Health Consultation strategy through Southwest Human Development. This effort provides tuition reimbursement to support professional development in mental health, in order to increase the capacity of providers. The strategy also provides mental health consultation to early childhood providers to help these providers support the social-emotional development of young children.

Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children aged birth through four years have never seen a dentist.¹⁶¹ In a statewide survey conducted by the Arizona Department of Health Services, Office of Oral Health, parents cited difficulties in finding a provider who will see very young children (34%), and the belief that the child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.¹⁶²

Screenings conducted in Arizona preschools in 2008-2009 found that seven percent of children aged one year and younger showed the first signs of tooth decay, and 28 percent of children aged birth through four years had untreated tooth decay. Thirty-seven percent of four year olds were identified as needing dental care within weeks to avoid more significant problems, while three percent of four year olds were identified as needing urgent treatments due to severe decay.¹⁶³ Arizona had nearly twice the proportion of children aged two to four years with

¹⁵⁹ Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

¹⁶⁰ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

¹⁶¹ For more information, see <http://www.azdhs.gov/phs/owch/oral-health/azsmiles/about/disease.htm>

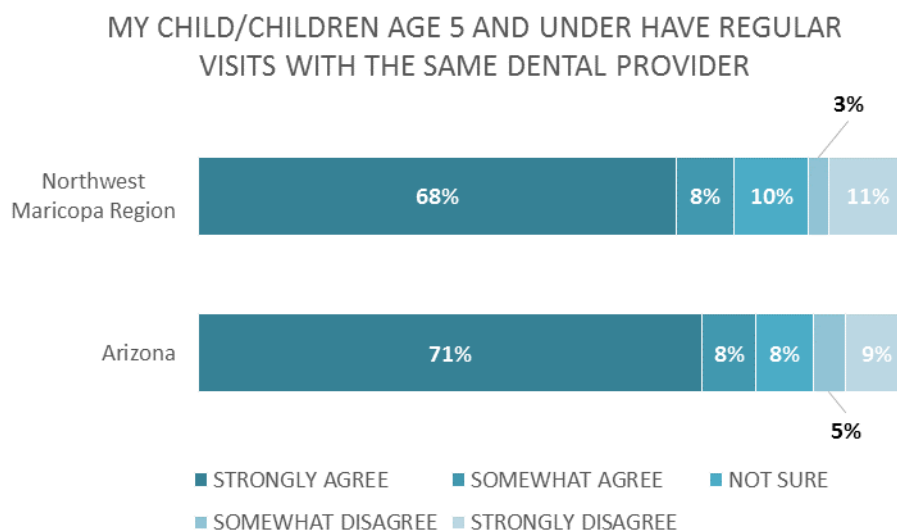
¹⁶² Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

¹⁶³ Arizona Department of Health Services, Office of Oral Health
http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet_Oral%20Health_Preschool.pdf

untreated tooth decay (30%) compared to the US as a whole (16%). This rate is more than three times higher than the Healthy People 2010 target of nine percent. Untreated decay was highest amongst children whose parents had less than a high school education.¹⁶⁴

One item from the 2012 Family & Community Survey assesses whether young children have regular dental visits with the same provider. As shown in the figure below, families in the Northwest Maricopa Region (76%) are slightly less likely to agree that they have a regular provider of dental care for their young children than families in Arizona overall (79%). More than one quarter of families in the Northwest Maricopa Region were unsure or disagreed that they have a regular provider of dental care for their young children, which illuminates an area of need in the region.

Figure 26. Family & Community Survey 2012: Regular dental care



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

As of 2012, Arizona contained 155 identified Dental Health Professional Shortage Areas. These represent areas with a lack of dental providers, areas with geographic barriers to accessing care, and areas with large low-income populations who would be unable to afford care. The Wickenburg and El Mirage Primary Care Areas are both recognized as Dental Health Professional Shortage Areas,¹⁶⁵ indicating that these communities in particular have a need for adequate dental care for children.

¹⁶⁴ Arizona Department of Health Services, Office of Oral Health
http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2_Oral%20Health_Preschool.pdf

¹⁶⁵ Arizona Department of Health Services. *Arizona Dental Health Professional Shortage Areas September 2012*. Retrieved from <http://www.azdhs.gov/hsd/data/documents/maps/dentalhpsas.pdf>.

The First Things First Northwest Maricopa Region has identified this need, and is addressing it through an Oral Health strategy contracted through the Maricopa County Department of Public Health. This strategy provides oral health screenings and fluoride varnish in community-based settings, offers outreach to dentists to encourage service to very young children, and educates families on the importance of oral health care for young children.

Overweight and Obesity

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten.¹⁶⁶

A major new report revealed promising news, however: a 43 percent decline in the obesity rate among children aged two to five years-old in the United States over the past decade, from about 14 percent to about eight percent.¹⁶⁷ While the cause for the decline is not known, possible reasons include reduced consumption of fewer overall calories and sugary drinks by young children, increased breastfeeding and/or state, local or federal policies aimed at reducing obesity. While this decline is indeed promising, the disproportionate rates of obesity in minority and low-income children remain. Nationally, among two to five year olds in 2012, about four percent of White children were obese, compared to 11 percent of Black children and 17 percent of Hispanic children. This is in spite of fairly similar obesity rates for children under two years old. And while 18 other states have shown a decrease in obesity among low-income preschoolers between 2008 and 2011, Arizona was not one of those states.¹⁶⁸

The Arizona Department of Health Services (ADHS) and the Maricopa County Department of Public Health (MCDPH) jointly identified obesity as a top five community public health issue in Maricopa County in 2012. Obesity was selected as the second most important priority among health professionals at MCDPH, and was the second most important health problem identified by community members who participated in the assessment. The Maricopa County Community Health Assessment reports that one quarter of adults in Maricopa County are obese, and one in seven children in Maricopa County are obese. Hispanic individuals are over-represented in

¹⁶⁶ Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of Childhood Obesity in the United States. *The New England Journal of Medicine*. 370 (5); 403-411.

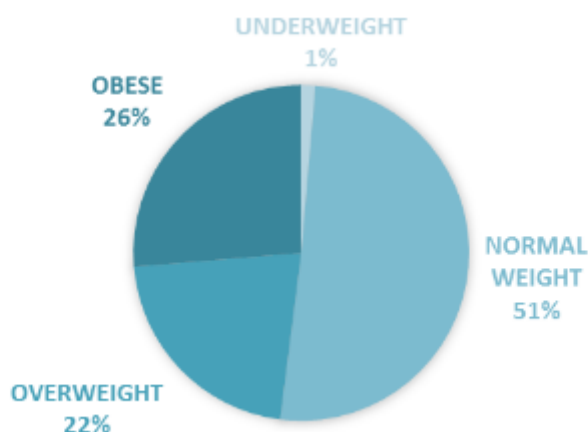
¹⁶⁷ Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *JAMA*, 2014; 311(8):806-814. <http://jama.jamanetwork.com/article.aspx?articleid=1832542>

¹⁶⁸ CDC. Vital Signs: Obesity among Low-Income, Preschool-Aged Children — United States, 2008–2011. *MMWR*, August 9, 2013 / 62(31);629-634

these statistics: according to the report, Hispanics make up nearly one third of obese individuals in Maricopa County. Not only is obesity a concerning public health challenge, but it is a costly issue. One estimate indicates that if obesity decreases to 1987 levels, this could yield a savings of up to 1.85 billion dollars in health care costs to the county over time.¹⁶⁹ Encouragingly, data from WIC indicate that obesity rates in Maricopa County are decreasing in children aged birth to five. In 2006, 16 percent of children aged birth through five in the county were obese; by 2011, this percentage had steadily declined to 13.6 percent.¹⁷⁰

Data about overweight and obesity were also provided by the Indian Health Service for active users under the age of six in Maricopa County. In Maricopa County, 51 percent of children ages two and a half through five served by the Indian Health Service were normal weight, 22 percent were overweight, and 26 percent were obese. By comparison, 24.9 percent of children in the Indian Health Service Phoenix area (which includes the tri-state area of Arizona, Nevada, and Utah)¹⁷¹ who are enrolled members of a federally-recognized tribe or otherwise have the right to receive services through Indian Health Service were obese.¹⁷²

Figure 27. Children (ages 2.5-5) served by the Indian Health Service in Maricopa County by BMI category



Indian Health Service Phoenix Area. [2014]. *Health Indicators*. Unpublished data provided by the Indian Health Service Phoenix Area

Note: Weight Categories are determined by the CDC 2000 BMI Guidelines. Definitions are as follows: Underweight (<5th Percentile), Health Weight (5th-85th Percentile), Overweight (85th-95th Percentile), Obese (>95th Percentile)

¹⁶⁹ Arizona Department of Health Services and Maricopa County Department of Public Health. *Maricopa County Community Health Assessment Public Health Strategic Priorities 2012*. Retrieved from <https://www.maricopa.gov/PublicHealth/programs/OPI/pdf/CHA-Strategic-Priorities.pdf>.

¹⁷⁰ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity, Research and Development. (2013). *WIC Needs Assessment*.

¹⁷¹ The Phoenix Area Indian Health Service oversees the delivery of health care to approximately 140,000 Native American users in the tri-state area of Arizona, Nevada, and Utah. For more information, please visit: <http://www.ihs.gov/phoenix/>

¹⁷² Indian Health Service Phoenix Area. [2014]. *Phoenix Area -2014 GPRA Dashboard Report*. Unpublished data provided by the Indian Health Service Phoenix Area.

Breastfeeding can play an important role in obesity prevention for babies. This also holds true for mothers. Exclusively breastfeeding among Arizona WIC participants doubled between 2007 and 2011, although the majority of infants on WIC are still formula fed.¹⁷³ The Centers for Disease Control and Prevention also recommend supporting breastfeeding in hospitals and the workplace as a strategy to decrease childhood obesity.¹⁷⁴

The Northwest Maricopa Region funds a Nutrition/Obesity/Physical Activity strategy through the Maricopa County Department of Public Health. This strategy provides community-based education on a variety of topics relevant to obesity prevention to families, children, and childcare and early education professionals.

Child Fatalities

Since 2005, the Arizona Child Fatality Review Program has reviewed the death of every child who died in the state. In 2012, there were 854 child fatalities (aged birth to 18) in Arizona. Of these, 72 percent (616) were young children between birth and five years old.¹⁷⁵ More than one third of these deaths (325, or 38%) were during the neonatal period (birth-27 days) and were due to natural causes (prematurity, congenital anomalies, and other medical conditions). About one-fifth (171, 20%) were during infancy (28-365 days), of which almost two-thirds (64%) were undetermined (most of which, 81, 47%, were attributed to Sudden Infant Death Syndrome). One in seven deaths in early childhood (120, or 14%) were of children one to four years of age. In this age group, 40 percent of deaths were attributed to homicide, and 15 percent were due to drowning.

Local Child Fatality Review Teams review each death and make a determination of preventability for each death, after reviewing all available information on the circumstances (in 9% of cases, they were unable to determine preventability). Based on these reviews, the teams concluded that five percent of perinatal deaths, 49 percent of infant deaths, and 49 percent of young child deaths were preventable in Arizona.

The Child Fatality Review Teams also make a determination of whether the death can be classified as maltreatment by parent, guardian or caretaker, based on their acting, or failing to act, in a way that presents a risk of serious harm to the child. Seven percent (56) of all deaths of children from birth to five were classified as maltreatment. These may have been classified as homicide (e.g. due to abusive head trauma), natural (e.g., prenatal substance use that resulted

¹⁷³ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

¹⁷⁴ Centers for Disease Control. Childhood Overweight and Obesity; Strategies and Solutions. Last updated February, 2013. <http://www.cdc.gov/obesity/childhood/solutions.html>

¹⁷⁵ Arizona Child Fatality Review Program, 2013 <http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf>

in premature birth, or failure to seek medical care), or accidental (e.g., unintentional injuries caused by negligence or impaired driving).

In 2011 (the most recent year for which data are available), Maricopa County had a crude rate of 48.2 child deaths per 100,000 residents. This is a lower rate than the state of Arizona overall (57.2 deaths per 100,000 residents). Medical conditions (39%) and prematurity (27%) were the leading causes of child deaths in the county. Child fatalities were over-represented among Hispanic children (47% of child deaths) and African American children (10% of child deaths). Additionally, substance use was a contributing factor in more than one fifth (21%) of child deaths in Maricopa County.

Substance Use

Exposure to adverse childhood experiences including abuse, neglect and household dysfunction can lead to a variety of consequences, including increased risk of alcoholism and increased likelihood of initiating drug use and experiencing addiction.¹⁷⁶

In Arizona in 2012, there were 76,825 hospital inpatient discharges related to drug dependence or drug abuse. Sixty-one percent of all inpatient discharges related to drug dependence or drug abuse occurred in Maricopa County, where there were a total of 47,173 hospital inpatient discharges in 2012.¹⁷⁷ (Note that because the population of Maricopa County makes up nearly 60 percent of Arizona's total population, this does not indicate a disproportionate number of hospital discharges related to drug dependence or drug abuse in the county.) In Arizona in 2012, the age-adjusted mortality rate for alcohol-induced deaths was 14.2/100,000, and the age-adjusted rate for drug-induced deaths was 16.3/100,000. In Maricopa County, these rates were slightly lower, at 12.0/100,000 for alcohol-induced deaths, and 14.9/100,000 for drug-induced deaths.¹⁷⁸

Family Support

Child Welfare

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been

¹⁷⁶ United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention. (2008). The effects of childhood stress on health across the lifespan. Retrieved from http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf.

¹⁷⁷ Arizona Department of Health Services (2013). Hospital inpatient discharges & emergency room visits statistics for drug abuse, Table B1. Retrieved from <http://www.azdhs.gov/plan/hip/index.php?pg=drugs>

¹⁷⁸ Arizona Department of Health Services (2013). Arizona Health Status and Vital Statistics, Table 5E-11. Retrieved from <http://www.azdhs.gov/plan/report/ahs/ahs2012/5e.htm>

abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention to child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.¹⁷⁹

Children with disabilities are at increased risk of child abuse, especially neglect. Children with disabilities related to communication, learning, and sensory or behavior disorders appear to be at increased risk. Authors of a recent study reviewing the current literature on child abuse, child protection and disabled children also noted that the level of child abuse and neglect of disabled children is likely under-reported, and that children with disabilities are in need of greater attention to improve child abuse prevention and protection efforts.¹⁸⁰

What constitutes childhood neglect (intermittent, chronic and/or severe), and how these varying levels effect children is becoming more clearly understood.¹⁸¹ From shortly after birth, the child's interaction with caregivers impacts the formation of neural connections within the developing brain. If those interactions are inconsistent, inappropriate, or absent these connections can be disrupted, and later health, learning and behavior can be impacted. As with other issues affecting children, earlier identification and intervention for those experiencing neglect is key, coupled with policies and programs focused on preventing neglect before it occurs.

The Department of Health and Human Services has outlined a cross-systems approach to promoting the well-being of children who have experienced trauma.¹⁸² The essential components of this approach include 1) periodic functional assessments of the child's well-being, 2) trauma screening to evaluate trauma symptoms and/or history, 3) an in-depth, clinical mental-health assessment, and 4) outcome measurement and progress monitoring to assess the appropriateness of services at both the individual and systems level.

¹⁷⁹ Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

¹⁸⁰ Stalker, K., & McArthur, K. (2012). Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*, 21(1), 24-40.

¹⁸¹ Harvard University, Center on the Developing Child. (2013). InBrief: The science of neglect. Retrieved from http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_neglect/

¹⁸² Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

CPS

In 2013, the Arizona Department of Economic Security's (DES) Division of Children, Youth and Families (DCYF) was the state-administrated child welfare services agency that oversaw Child Protective Services (CPS), the state program mandated for the protection of children alleged to be abused and neglected. This program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. On January 13, 2014, the Governor of Arizona signed an Executive Order abolishing the Arizona Department of Economic Security's (DES) Division of Children, Youth & Families (DCYF) and establishing a new cabinet level Division of Child Safety & Family Services (DCSFS) which would focus on and house the state child welfare programs, including CPS, foster care, adoption, and the Comprehensive Medical and Dental Program.¹⁸³ CPS is now known as the Department of Child Safety.¹⁸⁴

In the Northwest Maricopa Region, there was an overall 37 percent increase in the number of children removed by CPS between 2011 and 2013. This is a slightly larger increase than in Maricopa County (35%) and in Arizona overall (35%). As shown in Table 36, some communities in the region experienced substantial increases in removals, while the number of removals remained stable across the two-year period in other communities.

¹⁸³ Arizona Office of the Governor (2014). Governor Brewer's 2014 CPS Reform Package. http://azgovernor.gov/dms/upload/MA_011314_CPSReformFactSheetFAQ.pdf

¹⁸⁴ For more information, see <https://www.azdes.gov/landing.aspx?id=9471>

Table 36. Number of children removed from their homes who were five years or younger at removal

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) REMOVED BY CPS			CHANGE 2011-2013
		2011	2012	2013	
Northwest Maricopa Region	55,083	328	447	449	+37%
Aguila	103	<10	<10	<10	0%
El Mirage	4,049	23	20	25	+9%
Glendale	23,656	168	246	245	+45%
Morristown	116	0	<10	0	0%
Peoria	12,355	68	87	92	+35%
Sun City	787	16	<10	<10	DS
Sun City West	33	0	<10	<10	DS
Surprise	11,490	40	65	59	+48%
Waddell (Citrus Park)	901	<10	<10	<10	0%
Wickenburg	458	<10	<10	<10	+150%
Wittman	532	<10	<10	<10	0%
Youngtown	603	<10	<10	<10	+400%
Maricopa County	339,217	1,851	2,558	2,503	+35%
Arizona	546,609	3,176	4,231	4,293	+35%

Arizona Department of Economic Security (2014). [CPS data set]. Unpublished raw data received from the First Things First State Agency Data Request

Juvenile Justice Involvement by County

The Attorney General's National Task Force on Children Exposed to Violence¹⁸⁵ recommends that the Juvenile Justice System screen youth entering the system for violence-exposure and offer trauma-informed treatment as an essential component to rehabilitating these youth. In addition, they assert that juvenile justice employees need to understand that trauma changes brain chemistry in these violence-exposed youth by limiting impulse control, the understanding of consequences, and the ability to tolerate conflict.

According to the Arizona's Juvenile Court Counts summary for fiscal year 2012,¹⁸⁶ during that year, 33,617 juveniles were referred at least once to Arizona's juvenile courts. In Maricopa County, 17,635 juveniles were referred, representing a little more than half (52%) of statewide referrals. In Maricopa County, 3,816 juveniles were detained in fiscal year 2012, about 50 percent of the number of juveniles detained across the state.

¹⁸⁵ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

¹⁸⁶ Administrative Office of the Courts, Juvenile Justice Services Division. Arizona's Juvenile Court Counts; Statewide Statistical Information FY2012. Retrieved from http://www.azcourts.gov/Portals/29/JJSD%20Publication%20Reports/Juveniles%20Processed/Arizonas_Juvenile_Court_Counts_FY2012.pdf

Foster Parenting

Arizona's foster parents care for approximately half of the children who have been removed from their homes in the state. In March 2013, there were 3,576 licensed foster homes throughout Arizona. Between October of 2012 and March of 2013, there was a net decrease of 18 foster homes. Previously, between April and September of 2012 there was a net increase of 252 foster homes, which was the first time since 2009 that more foster homes were opened than closed in the state.¹⁸⁷

The Arizona Department of Economic Security (DES) provided data on the number of children in foster care who were removed when they were between birth and five years of age at the county level. The following table compares these numbers between communities in the Northwest Maricopa Region, Maricopa County and Arizona overall. As shown, removals between ages birth through five are increasing at the regional, state, and county level.

Table 37. Children currently in foster care removed at ages 0-5¹⁸⁸

GEOGRAPHY	NUMBER OF CHILDREN CURRENTLY IN FOSTER CARE REMOVED AT AGES 0-5		
	2010	2011	2012
Northwest Maricopa Region	376	449	615
Aguila	0	<10	<10
El Mirage	30	32	27
Glendale	186	211	316
Morristown	<10	<10	<10
Peoria	62	86	118
Sun City	12	23	23
Sun City West	<10	0	<10
Surprise	65	74	102
Waddell (Citrus Park)	<10	<10	11
Wickenburg	<10	<10	<10
Wittman	<10	<10	<10
Youngtown	<10	<10	<10
Maricopa County	2,354	2,628	3,360
Arizona	3,974	4,270	5,339

Arizona Department of Economic Security (2014). [CPS Dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

¹⁸⁷ Arizona Department of Economic Security, Child Protective Services (CPS) Oversight Committee (2013). Home Recruitment Study and Supervision. Retrieved from https://www.azdes.gov/uploadedFiles/Children_Youth_and_Families/Child_Protective_Services_%28CPS%29/CPS_Oversight_MW_FosterHomes.pdf

¹⁸⁸ These numbers reflect only the children who were in foster care on the last day of the fiscal year who were removed between the ages of birth to five and who remained in foster care in the state of Arizona. This data does not include children who were removed and were placed in other states or children who were removed then reunited with parents or adopted between the start and end dates of one fiscal year.

In 2011, the Arizona Department of Economic Security's Division of Children, Youth and Families examined differences in the number of available foster homes and the number of removals across Arizona. Differences were calculated by subtracting the number of removals from the number of foster homes from each zip code across the state. These data indicate a shortage of foster homes in communities throughout the Northwest Maricopa Region. (The exception was Peoria; in northern Peoria, the number of foster homes exceeded the number of children needing foster homes by a small margin). The shortage of foster homes was greatest in Glendale, where the number of children needing foster homes exceeded the number of available foster homes by between 56 and 89 in several zip codes.¹⁸⁹

A 2012 study¹⁹⁰ assessing Arizona foster parent's satisfaction with and likelihood to continue as a foster parent identified a number of issues affecting foster parents, including lack of support from CPS, monetary constraints from continuing budget cuts, and a desire for more social, emotional and educational support to enhance their role as a foster parent. The study authors made the following recommendations to improve the Arizona foster care system:

- 1) "Include the foster parent as an essential part of the team
- 2) Provide more practical AND emotional support to foster parents
- 3) Pay attention to the needs and wants of foster parents (appointment times)
- 4) Communication training for foster parents and case managers
- 5) Ask what specific information foster parents want and include the information in trainings
- 6) Monetary support is necessary for foster parents to continue, and
- 7) Listen to foster parents' suggestions when enacting policy changes." (p. 8)

Incarcerated Parents

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers.¹⁹¹ More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8th, 10th, and 12th graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they

¹⁸⁹ Arizona Department of Economic Security, Division of Children, Youth and Families. (2011). *Differences between foster homes and removals by zip code*. Retrieved from https://www.azdes.gov/uploadedFiles/ArizonaServes/SouthwestRegion_Differences_By_ZIPCode.pdf

¹⁹⁰ Geiger, J.M., Hayes, M.J., & Lietz, C.A.(2012). Arizona foster parent study 2012. School of Social Work, Arizona State University, Phoenix, AZ.

¹⁹¹ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.¹⁹²

In Maricopa County, approximately two percent of youth indicated that they currently had an incarcerated parent, and 13 percent indicated that they had a parent who had previously been incarcerated. This is slightly lower than the state percentages reported above.

Children with incarcerated parents represents a population of youth who are at great risk for negative developmental outcomes. Previous research demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents.¹⁹³ In recent studies, even when caregivers have indicated that children were coping well with a parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.¹⁹⁴

The emotional risk to very young children (aged birth through five) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.¹⁹⁵ Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so¹⁹⁶ and the Arizona Department of Corrections states that it endeavors to support interactions between children and incarcerated parents, as long as interactions are safe.¹⁹⁷ Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing

¹⁹² Arizona Criminal Justice Commission. (2012). *2012 Arizona Youth Survey*. Unpublished data.

¹⁹³ Arizona Criminal Justice Commission Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

¹⁹⁴ Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/>

¹⁹⁵ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

¹⁹⁶ Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

¹⁹⁷ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

supportive relationships with other adults in their community.¹⁹⁸ Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.¹⁹⁹

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. The Kinship and Adoption Resource and Education (KARE) program, an Arizona Children's Association initiative, offers online informational brochures such as Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children of Incarcerated Parents Project (CIP) out of Northern Arizona University offers a booklet of questions and answers for children.²⁰⁰ The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught up in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety.²⁰¹ Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.²⁰²

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended.²⁰³ In order for interventions to be effective they must take the age of the child into consideration since children's developmental stage will affect how they respond to trauma. While trauma-specific services are important (those that treat the symptoms of trauma), it is vital that all the

¹⁹⁸ La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

¹⁹⁹ Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development*, 78(3), 7-25.

²⁰⁰ This booklet can be accessed at: http://nau.edu/uploadedFiles/Academic/SBS/CCJ/Children-Incarcerated_Parents/_Forms/Childs%20Booklet%20correct.pdf

²⁰¹ Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008). Faculty Publications, Department of Psychology. Paper 321. <http://digitalcommons.unl.edu/psychfacpub/321>

²⁰² United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

²⁰³ United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from <http://www.ovw.usdoj.gov/docs/nac-rpt.pdf>

providers a child interacts with provide services in a trauma-informed manner (with knowledge of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

According to the Domestic Violence Shelter Fund Annual Report for 2013, there are eleven domestic violence shelters in Maricopa County, which cumulatively served 2,650 adults and 2,667 children in 2013 (see Table 38).

Table 38. Domestic violence shelters and services provided

DOMESTIC VIOLENCE SHELTERS	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	Total Served	Adults	Children	Bed Nights	Average Length of Stay (in days)	Hours of Support Services	Hotline and I&R Calls
Autumn House- A New Leaf	193	115	78	6,620	34	969	252
Chrysalis	455	359	96	15,242	33	7,680	1,681
De Colores- Chicanos Por La Causa	343	126	217	17,525	51	8,322	459
DV STOP- A New Leaf	429	161	268	777	2	6,287	2,445
Eve's Place	233	170	63	7,627	33	5,038	529
Elim House- Salvation Army	300	74	226	15,527	52	7,240	332
Faith House- A New Leaf	70	24	46	4,074	58	1,712	94
My Sisters Place- Catholic Charities	306	121	185	8,326	27	2,483	565
New Life Center, Inc.	1,281	624	657	35,705	28	40,755	1,507
Sojourner Center	1,363	767	596	77,360	57	13,298	1,938
UMOM- Domestic Violence Shelter	344	109	235	19,980	58	1,326	127
Arizona Total	8,916	4,676	4,240	330,999	37	176,256	22,824

Arizona Department of Economic Security (2013). Domestic Violence Shelter Fund Annual Report for FY 2013. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/dv_shelter_fund_report_sfy_2013.pdf

Food Security

Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food”.²⁰⁴ Episodes of food insecurity are often brought on by changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.²⁰⁵ Participating in Supplemental Nutrition Assistance (SNAP) has been shown to decrease

²⁰⁴ United States Department of Agriculture. Definitions of Food Security. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UyDjQIVRKws>

²⁰⁵ United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from <http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf>

the percentage of families facing food insecurity in both all households (10.6%) and households with children (10.1%) after six months in the SNAP program.²⁰⁶

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.²⁰⁷ In Maricopa County, these rates are slightly lower: nearly 16 percent of all residents, and 25 percent of children under 18 years of age faced food insecurity.²⁰⁸

The Northwest Maricopa Region funds a Food Security strategy in coordination with St. Mary's Food Bank Alliance. This strategy distributes food boxes and basic necessity items to families with children aged birth to five who are in need of this assistance.

Homelessness

In Arizona in 2013, 27,877 adults and children experienced homelessness. The population of rural counties makes up a quarter of the state population, but only nine percent of those experiencing homelessness in 2013.²⁰⁹ Children are defined as homeless if they lack a fixed, regular, and adequate night-time residence. According to this definition, 31,097 children in Arizona were reported as homeless in 2013. Almost three-quarters of these children were living temporarily with other families, with the rest residing in shelters, motels/hotels or unsheltered conditions.²¹⁰

School districts collect data on the number of economically disadvantaged and homeless students in their schools. As defined by the Arizona Department of Education, youth at economic disadvantage includes children who are homeless, neglected, refugee, evacuees, unaccompanied youth, or have unmet needs for health, dental or other support services.

As shown in Table 39, the number of economically disadvantaged students is substantial in many school districts in the region. In three school districts in the region (Aguila Elementary District, Alhambra Elementary District, and Glendale Elementary District), at least 80 percent of students are economically disadvantaged. The rate of homeless students is highest in the Nadaburg Unified School District, at eight percent (four times the state and county rate). Four

²⁰⁶ United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from http://www.mathematicampr.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf

²⁰⁷ Feeding America (2014). Map the Meal Gap, 2012. Retrieved from <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

²⁰⁸ Feeding America (2014). Map the Meal Gap, 2014: Child Food Insecurity in Arizona by County in 2012. Retrieved from http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/_media/Files/a-map-2012/AZ_AllCountiesCFI_2012.ashx

²⁰⁹ Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

²¹⁰ Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

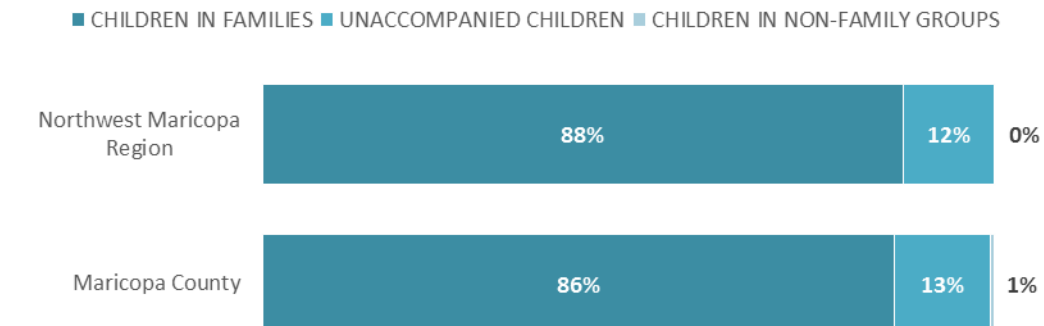
percent of students are homeless in Alhambra Elementary District, Glendale Elementary District, and Wickenburg Unified District, which is twice the state and county rate.

Table 39. Economic disadvantage and homelessness by school district

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ECONOMICALLY DISADVANTAGED STUDENTS		HOMELESS STUDENTS	
Aguila Elementary District	1	128	123	96%	0	0%
Alhambra Elementary District	16	11,536	9,748	85%	476	4%
Deer Valley Unified District	56	17,787	5,536	31%	50	0%
Dysart Unified District	38	14,912	7,539	51%	126	1%
Glendale Elementary District	23	10,835	9,632	89%	445	4%
Mesa Unified District	90	36,368	22,279	61%	532	1%
Morristown Elementary District	2	105	72	69%	0	0%
Nadaburg Unified School District	3	590	357	61%	50	8%
Pendergast Elementary District	17	7,423	5,039	68%	76	1%
Peoria Unified School District	48	18,632	8,213	44%	61	0%
Wickenburg Unified District	3	635	385	61%	28	4%
All Maricopa County Schools	1049	397,842	197,543	50%	6,342	2%
All Arizona Schools	1888	610,079	311,879	51%	10,800	2%

Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request

Data from the Maricopa County Homeless Management Information System (HMIS) were requested for this report in order to provide information about homeless children ages birth through five in the Northwest Maricopa Region. As shown in Figure 28, about the same proportion (12%) of homeless children were unaccompanied in the Northwest Maricopa Region as in Maricopa County overall (13%). The majority of homeless children in the Northwest Maricopa Region and in Maricopa County are children with families. Table 40 shows the number of homeless children by community in the Northwest Maricopa Region. Well over half of all homeless children ages birth through five recorded by HMIS were from Glendale in both 2012 and 2013, and the number of homeless young children in Glendale increased by 67 percent between the two years.

Figure 28. Homeless children (0-5) in the Northwest Maricopa Region and Maricopa County (2013)

Maricopa County Homeless Management Information System (2014). [Homelessness in Maricopa County data set]. Unpublished raw data received April 2014.

Table 40. Homeless children (0-5) in the Northwest Maricopa Region by community

GEOGRAPHY	TOTAL HOMELESS CHILDREN (AGES 0-5)		CHANGE 2012-2013
	2012	2013	
Northwest Maricopa Region	88	119	+35%
Aguila	0	0	-
El Mirage	<10	<10	-43%
Glendale	55	92	+67%
Morristown	0	0	-
Peoria	<10	14	+180%
Sun City	<10	<10	-20%
Sun City West	<10	0	-100%
Surprise	11	<10	-55%
Waddell (Citrus Park)	0	0	-
Wickenburg	0	0	-
Wittman	0	0	-
Youngtown	<10	0	-100%
Maricopa County	909	986	+8%

Maricopa County Homeless Management Information System (2014). [Homelessness in Maricopa County data set]. Unpublished raw data received April 2014.

Parental Involvement and Family Resource Centers in the Northwest Maricopa Region

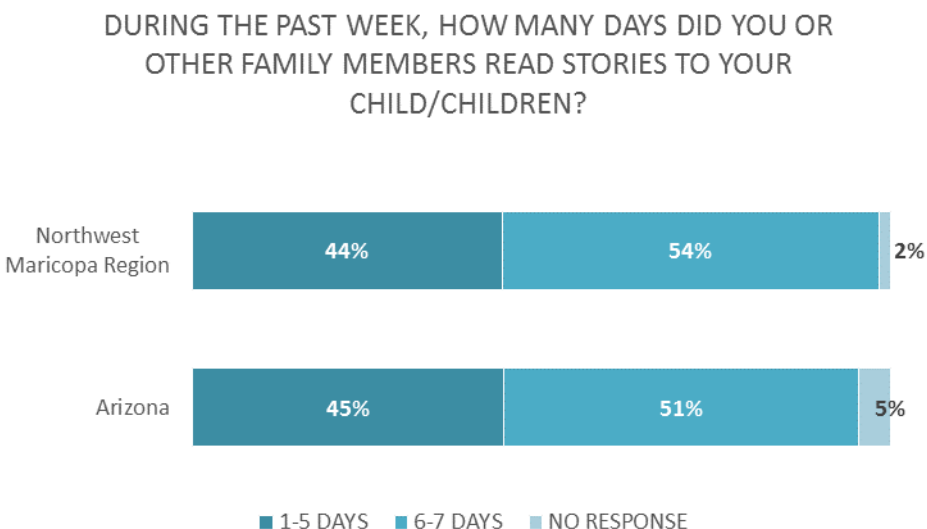
Parental involvement has been identified as a key factor in the positive growth and development of children,²¹¹ and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

First Things First Family and Community Survey data is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The Family and

²¹¹ Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

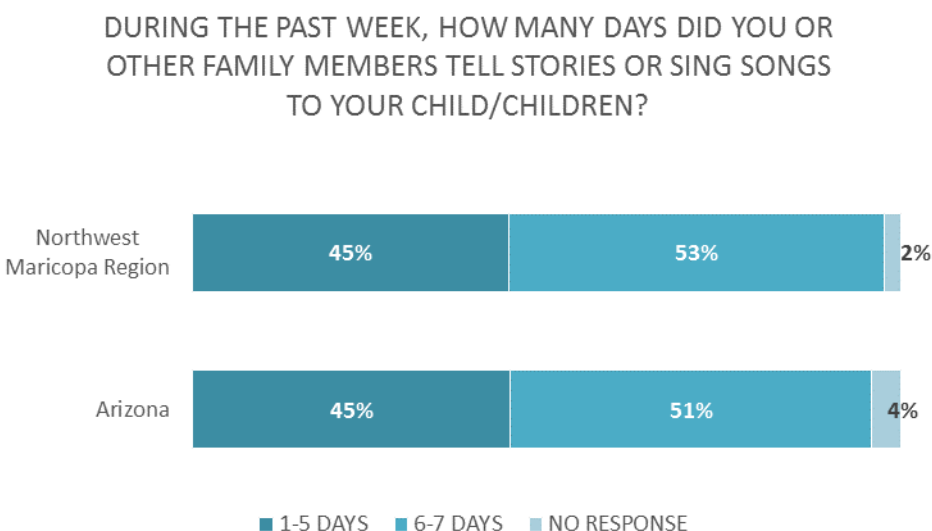
Community Survey, 2012, collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The following figures show results for the region and the state for some of these activities. Responses to all three of the items (reading stories, telling stories, and scribbling or drawing) were similar to the state, with a slightly greater percentage of participation in each of these activities throughout the week reported in the Northwest Maricopa Region than in the state overall.

Figure 29. Family & Community Survey 2012: Days reading to child



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

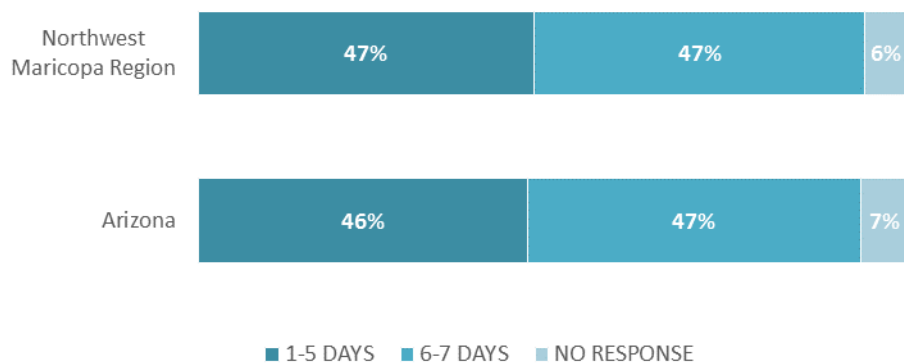
Figure 30. Family & Community Survey 2012: Days telling stories to child



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

Figure 31. Family & Community Survey 2012: Days drawing with child

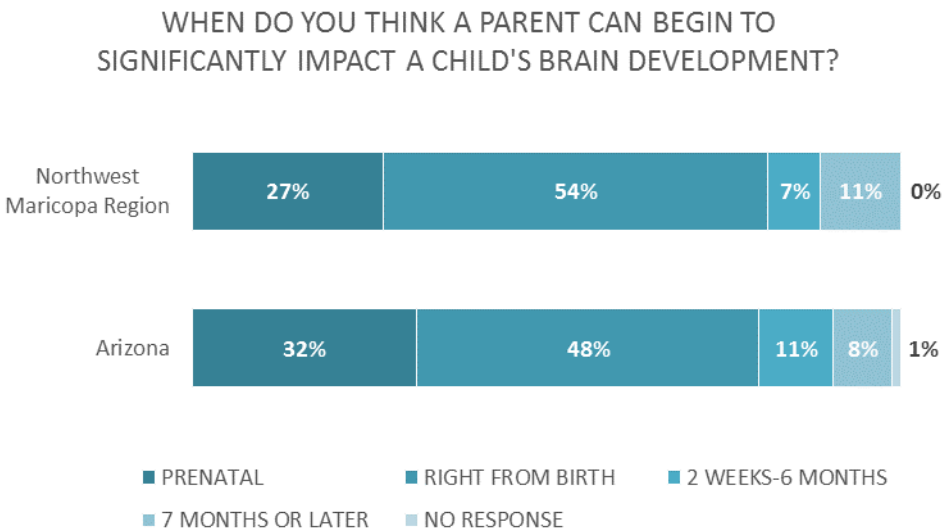
DURING THE PAST WEEK, HOW MANY DAYS DID YOUR CHILD/CHILDREN SCRIBBLE, PRETEND DRAW, OR DRAW WITH YOU OR ANOTHER FAMILY MEMBER?



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

Parent Education and Family Resource Centers

Parenting education supports and services can help parents better understand the impact that a child's early years have on their development and later readiness for school and life success. The Family and Community Survey, 2012, collected data illustrating parental knowledge about healthy development. About the same proportion of respondents in the Northwest Maricopa Region show an understanding that brain development can be impacted from very early on (81% prenatally or right from birth) as respondents across the state as a whole (80% prenatally or right from birth).

Figure 32. Family & Community Survey 2012: Parental impact on child's brain development

First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

There are a number of parent education and family support resources available to families who reside in the Northwest Maricopa Region. The Phoenix metropolitan area and its surrounding communities offers a strong overall infrastructure as well as a number of opportunities for families. This includes: museums, parks, and other attractions; activities for children such as after school programs, summer camps and faith-based programs; educational opportunities through Arizona State University and community colleges; a network of libraries and community centers; and the presence of a number of services and non-profit organizations that aim to support families. Many of these opportunities are likely to be most easily accessible to residents of communities such as Glendale, El Mirage, Peoria, Youngtown, Sun City, Sun City West, and Surprise – communities in the region that are geographically closer to the major metropolitan area. From Aguila and Wickenburg, driving times to the Phoenix metropolitan area can be up to two hours,²¹² and families residing in these communities may be less able to take advantage of these urban attractions and resources.

To promote parent education, the First Things First Northwest Maricopa Region funds classes on parenting and child development throughout the region in collaboration with Benevilla, a non-profit community center located in Surprise, AZ. In addition to offering parent education classes, Benevilla also offers play groups, support groups, school readiness kits, and other services for families (e.g., DES application assistance, document preparation, and ESL, citizenship, and GED services).²¹³

²¹² Based on estimates from Google Maps, July 2014

²¹³ For more information, see <http://www.benevilla.org/>

The Northwest Maricopa Region also funds several family resource centers throughout the region through local districts. These family resource centers offer training, educational opportunities, and resources to parents that inform healthy child development. School districts receiving funding for family resource centers in FY 2014²¹⁴ were: Deer Valley Unified School District, Glendale Elementary School District #40, Pendergast Elementary School District, and Peoria Unified School District. Benevilla is also funded through this Family Resource Center strategy.

The support and resources that these services provide throughout communities in the region is a major asset to the early childhood system in the Northwest Maricopa Region.

Teen Parenting

As previously described, teenage parenthood is associated with a range of negative health outcomes for mother and baby alike, as well as socio-economic challenges and barriers to educational achievement for teen mothers and their children. In the Northwest Maricopa Region, there are a few programs specifically designed to support expectant teenage women. Teen Outreach Pregnancy Services (TOPS) provides support groups, childbirth classes for teenagers, and education to teens on subjects related to pregnancy and parenting. TOPS is in several locations in Arizona, and the program's West Valley Main Office is located in Glendale.²¹⁵ Planned Parenthood, a national organization which provides health care, support and education to pregnant women of all ages also has an office in Glendale.²¹⁶ Since services for teenage parents are primarily concentrated in Glendale, young women who live in parts of the region that are a long distance from Glendale may have difficulty accessing these programs.

Home Visitation Programs

Home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies as well as young children with risk factors for child abuse or neglect, with the goal of improving child health and developmental outcomes and preventing child abuse. They address issues such as maternal and child health, positive parenting practices, encouraging literacy, safe home environments, and access to services. They can also provide referrals for well child checks and immunizations, developmental screenings, and information and resources about learning activities for families.

²¹⁴ First Things First (2014). SFY2014 services funded for children: Regional programs, Northwest Maricopa Regional Partnership Council. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Programs%20and%20Services%20-%20NW%20Maricopa%20SFY14.pdf>

²¹⁵ For more information, please visit: <http://www.teenoutreachaz.org/>

²¹⁶ For more information, please visit: <http://www.plannedparenthood.org/>

A systematic review conducted by the non-federal Task Force on Community Preventive Services found that early childhood home visitation results in a 40 percent reduction in episodes of abuse and neglect. Not all programs were equally effective; those aimed at high-risk families, lasting two years or longer, and conducted by professionals (as opposed to trained paraprofessionals) were more successful.²¹⁷

The Northwest Maricopa funds a home visitation strategy through Chicanos Por La Causa. This strategy provides voluntary in-home services for the families of infants and young children. Through home visitation, families are connected to resources that support health, development, and early learning. Families also receive information about child development, health, nutrition, literacy, and parenting skills.

Public Awareness and System Coordination

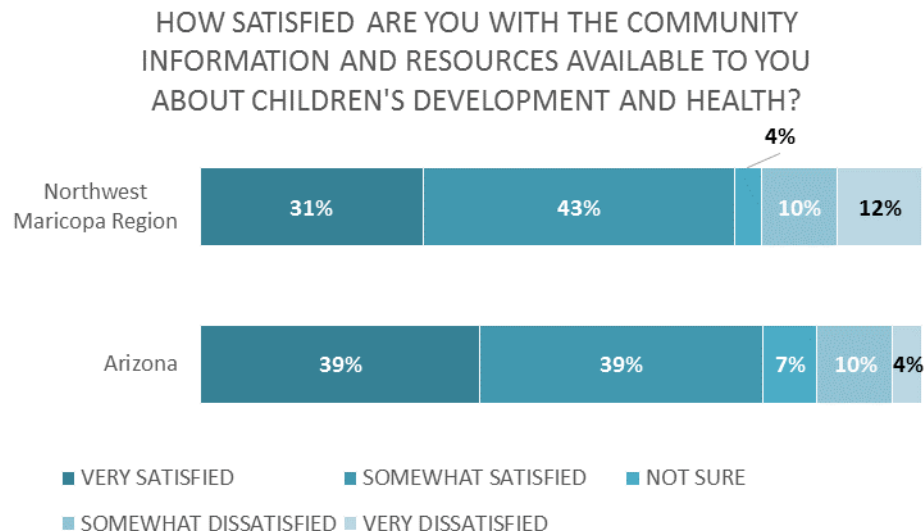
The primary quantitative data source for Public Awareness in the region is the First Things First Family and Community Survey (FCS) (First Things First, 2012).

Data from Family and Community Survey, 2012

The 2012 First Things First Family and Community Survey collected data about respondents' level of satisfaction with the resources, accessibility, and coordination of services in their area.

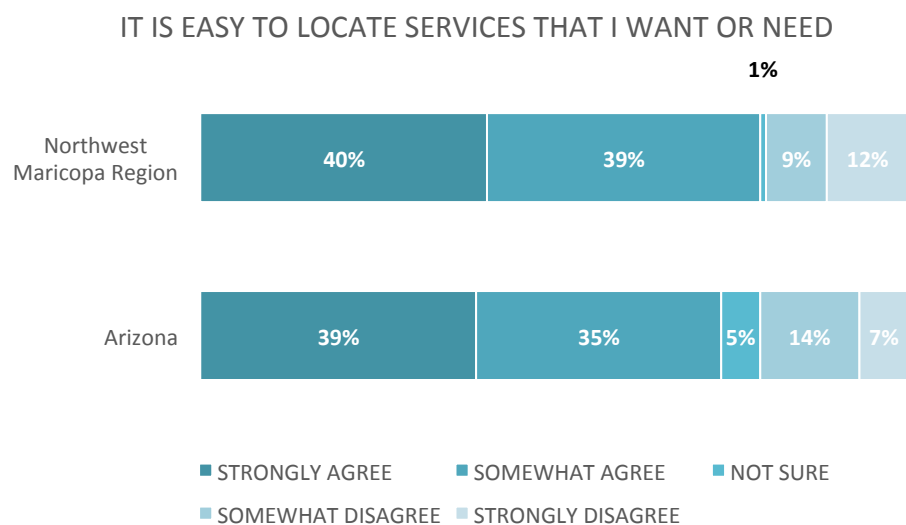
About three quarters (74%) of respondents in the Northwest Maricopa Region indicated being very or somewhat satisfied with the information and resources available to them about children's health and development (Figure 33). This is slightly lower than the rate for Arizona overall, 78 percent.

²¹⁷ Centers for Disease Control and Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. MMWR 2003; 52(No. RR-14):1-9.

Figure 33. Family & Community Survey 2012: Satisfaction with information and resources

First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

As shown in Figure 34, most respondents in the Northwest Maricopa Region (79%) agreed with the statement, “It is easy to locate services that I want or need.” This is a higher proportion than in the state of Arizona overall (74%). However, 12 percent strongly disagreed with this statement, a greater proportion than for Arizona overall (7%).

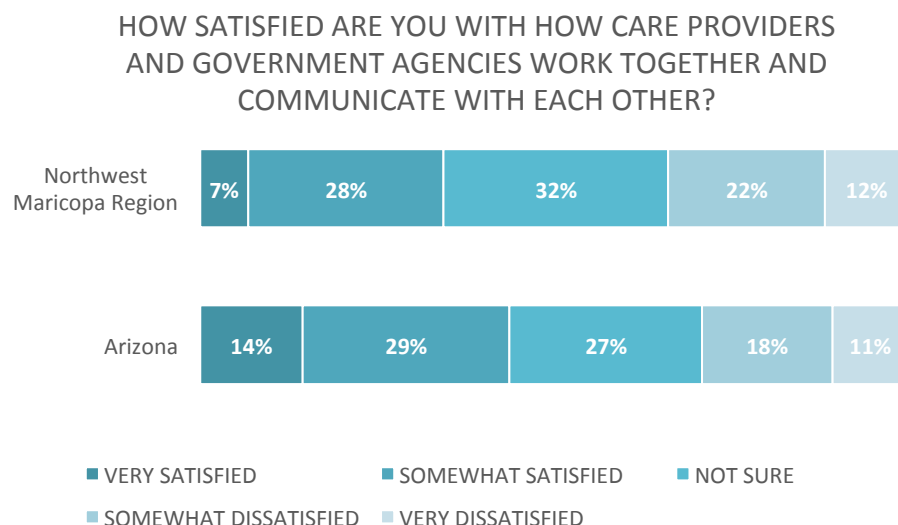
Figure 34. Family and Community Survey 2012: Ease of locating services

First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

When asked to rate their level of satisfaction with the coordination between care providers and how government agencies work and communicate with one another, few (7%) of respondents in the Northwest Maricopa Region indicated being “very satisfied.” A larger proportion of

respondents (28%) indicated being “somewhat satisfied”. More than half of respondents in the Northwest Maricopa Region said they were not sure or unsatisfied (66%), a greater percentage than among respondents in Arizona overall (56%).

Figure 35. Family & Community Survey 2012: Satisfaction with coordination and communication



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

Although the Northwest Maricopa Region offers a wide array of services, resources, and opportunities to families in the region, these data suggest that improving community awareness of available resources and coordination between services may benefit the early childhood system in the Northwest Maricopa Region.

Coordination and Collaboration in the Northwest Maricopa Region and Maricopa County

Key informants interviewed for the First Things First East Maricopa Regional Needs and Assets Report emphasized enhanced system coordination as a salient need throughout Maricopa County. Many families in Maricopa County are mobile, moving between communities (and often First Things First regions) in order to find cheaper rent, begin a new job, change school districts, or move closer to other family members. Key informants reported that families often struggle to maintain service continuity when they move, as services funded in one First Things First region are not always funded by First Things First regions elsewhere in Maricopa County. It can be difficult for a family to find out what services are available in their new community, key informants said. Therefore, improving coordination and collaboration between services across regions was identified by key informants as a high priority for strengthening the early childhood system in Maricopa County.

First Things First and other agencies across Maricopa County are seeking to respond to the need for increased coordination. The Maricopa Family Support Alliance was formed in April

2011 by First Things First and the Virginia G. Piper Charitable Trust with the goal of uniting and coordinating the efforts of family service providers. The Alliance is a member of the National Network of Family Support and Strengthening Networks and a partner of Strong Families AZ (a network of home visitation programs). Additionally, the Alliance has partnered with Find Help Phoenix (Maricopa County Public Health) to support an online resource for identifying services in communities across the county through the website FindHelpPhx.com. As of June 2014, the Alliance listed 45 member organizations, agencies, and providers on its website. The Alliance lists four goal areas, and each has a subcommittee responsible for overseeing its implementation.²¹⁸

- Increase knowledge about family support services and build capacity among the Alliance member agencies.
- Improve access to family support services through collaborative outreach, intake and referral processes.
- Enhance the quality and responsiveness of family support services by adopting and promoting the implementation of family support practice standards.
- Provide current, relevant information regarding the wellbeing of families in Maricopa County, assets available, and strategic mapping to inform all Alliance member agencies.

Additionally, recent coordination efforts by First Things First seek to build upon on the wide scope of programming funded by First Things First in Maricopa County. The Family Resource Network is a collaboration of 30 First Things First funded Family Resource Centers located throughout Maricopa County.²¹⁹ Begun in 2011, the network meets monthly and has the following primary goals:

- Increase awareness and availability of services for families and children.
- Improve service delivery to adequately address the needs of families.
- Build capacity throughout the regions to deliver highly effective and efficient family resource centers services.
- Share expertise and training resources.
- Foster a learning community across community organizations, health clinics, public entities and other groups.

Activities of the Family Resource Network to date include adopting a mission, vision and guiding principles, identifying professional development priorities, establishing a website and online learning community, and partnering with the Maricopa County Department of Public Health and the Family Support Alliance to support an online resource database.

²¹⁸ Retrieved from: <http://maricopafamilysupportalliance.org/>

²¹⁹ Information provided through personal correspondence

Coordination in the region has also taken place around the topic of health and health care. The Health Improvement Partnership of Maricopa County is a collaborative effort between the Maricopa County Department of Public Health and more than 60 public and private organizations addressing priority health issues through the 2012-2017 Community Health Improvement Plan.²²⁰ These organizations work together towards improving health status, outcomes and access in four domains; Worksites, Community, Education and Healthcare.

The Build Initiative

The BUILD Initiative²²¹ is a nationwide effort that helps states create comprehensive early childhood systems with programs, services and policies that address children's health, mental health and nutrition, early care and education, family support, and early intervention. Arizona is one of 10 BUILD state partners, which receive funding and technical support to develop or improve early childhood services, programs and systems, and identify and assess measurable outcomes of this work. In Arizona, the BUILD Arizona Steering Committee is working to identify priorities across five workgroups; Communications, Early Learning, Professional Development, Health and Early Grade Success.²²² This work to date has resulted in the Build Arizona: Strategic Blueprint,²²³ which outlines suggested key priorities for the early childhood system in Arizona for 2013-2016. These priorities are listed below.

Under Policy Research and Development:

- Expand access to high quality, voluntary preschool for three and four year olds;
- Assess current capacity for high quality, voluntary full day Kindergarten;
- Maintain and expand research-based home visiting programs in Arizona as a core element of a statewide early intervention program.

Under Coordination and Convening Leadership/Support:

- Implement and expand the Statewide Early Childhood (0-8) Professional Development System Strategic Plan;
- Convene stakeholders on early childhood nutrition, wellness and obesity prevention to identify linkages and connections to create a more integrated statewide strategy;
- Participate in state-level partnership to enhance the screening, referral and early intervention system.

²²⁰ Arizona Health Matters (2014). Health Improvement Partnership of Maricopa County. <http://www.arizonahealthmatters.org/index.php?module=htmlpages&func=display&pid=5007>

²²¹ For more information, see <http://www.buildinitiative.org/Home.aspx>

²²² Build Initiative (2014). Arizona state profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

²²³ Build Arizona (2013). Build Arizona strategic blueprint. Retrieved from <http://buildaz.files.wordpress.com/2013/10/build-arizona-blueprint.pdf>

Under *System Enhancement/Alignment*:

- Utilizing a collective impact model, continue to assess and map system capacity, identify gaps and opportunities for alignment and leadership roles, and further strengthen the Arizona early childhood system.

FTF Capacity Building Initiative

In August 2012, FTF awarded the Alliance of Arizona Nonprofits a statewide capacity building planning grant to: 1) identify internal and external factors that hinder agencies from successfully accessing or utilizing FTF monies, 2) develop relevant, culturally appropriate, and best-practice strategies for enhancing capacities within and among these agencies, and 3) increase the number of nonprofits with the capacity to apply for, receive and implement FTF grants.

The implementation phase of this project was awarded to the same organization in July 2013. The goal of this phase was to provide targeted capacity building services and technical assistance to early childhood providers throughout the state in order to: 1) increase understanding of the mission, goals, local governance structure and contractual requirements of FTF; 2) explore the potential pathways for participating in the FTF system; and 3) identify and increase the capacities necessary for successful partnership with FTF and/or other major funders. In this second phase, participating agencies will be paired with a qualified consultant who will assist agency leaders in designing a capacity building action plan customized to the capacity needs of each enrolled organization, delivering the corresponding technical assistance services, and providing ongoing guidance and coaching as staff determines and initiates strategies deemed most feasible and relative to available resources and buy-in from staff, board and clients. This process was slated to continue through June 2014.

Summary and Conclusion

This needs and assets report is the fourth biennial assessment of early education, health, and family support in the Northwest Maricopa Region. In addition to providing an overview of the region, this report looks more closely at some of the community-level variation within it.

Through assembly of quantitative data and additional information gathered for this report, it is clear that the region has substantial strengths. These strengths include: a variety of opportunities for families created by the region's proximity to the Phoenix metropolitan area; a wide range of health and social service providers; numerous professional development opportunities through local community colleges; TEACH and non-TEACH scholarships funded by the region which enable more early childhood professionals to access these professional development opportunities; high rates of prenatal care throughout the region; resources for teenage parents; a family resource strategy funded by the Northwest Maricopa Region which offers training, educational opportunities, and resources to parents at a number of centers throughout the region; and ongoing efforts to improve system coordination. A table containing a full summary of these and other regional assets can be found in **Appendix 1**.

However, there continue to be challenges to fully serving the needs of families with young children throughout the region. Data suggest considerable variability of the needs of families across the region. Moreover, the varied geography of the region – which includes both urban cities proximal to downtown Phoenix as well as sparsely populated communities bordering Yavapai and La Paz counties – can pose challenges for designing services that meet the needs of families across the region. A table containing a full summary of identified regional challenges can be found in **Appendix 2**. Many of these have been recognized as ongoing issues by the Northwest Maricopa Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region:

- **A need for affordable, high quality and accessible child care** – The capacity of early care and education slots available compared to the number of young children in the region, as well as data about the affordability of child care suggest that there may be a shortage of high quality, affordable and accessible early educational opportunities in the region. Quality First Scholarships will continue to be funded by the Northwest Maricopa Region in order to address the need for affordable early childhood education. Quality First Coaching & Incentives will also be funded to continue to improve the quality of early care and education in the region.
- **The need for accessible oral health care for young children** – The Arizona Department of Health Services recognizes Wickenburg and El Mirage as Dental Health Professional Shortage Areas, and overall, parents in the Northwest Maricopa Region are less likely to agree with the statement that their children age five and under have regular visits with the same dental provider than parents in Arizona overall (First Things First Family and

Community Survey, 2012). In recognition of this need, the Northwest Maricopa Region funds an Oral Health strategy with the Maricopa County Department of Public Health. This strategy provides training to families on the importance of oral health care for young children, and also provides oral health screenings and fluoride varnish in a variety of community-based settings.

- **The need for accessible and regular pediatric care for young children** – Although there are a number of medical providers in the Northwest Maricopa Region including many hospitals and urgent care centers, data from the Arizona Department of Health Services indicates a high ratio of population to primary care providers in El Mirage, Glendale, and Wickenburg communities. These three communities have been designated as Health Professional Shortage Areas (Glendale on the basis of low-income population; El Mirage and Wickenburg on the basis of geography). The Northwest Maricopa Region supports a Care Coordination/Medical Home strategy, which helps connect young children and their families to appropriate, coordinated health care to assure that young children have a regular source of medical care.
- **The need for additional resources for children with special needs** – Data about the number of preschool and elementary school children enrolled in special education indicate that a greater proportion of children in the Northwest Maricopa Region are enrolled in special education than in Maricopa County overall. This suggests that there may be a number of children in the region who would benefit from early special education and/or early intervention services. The Northwest Maricopa Region has recognized this need and supports a Family Support – Children with Special Needs strategy to provide coaching, group activities, and services to the parents of children with special needs in the region. This strategy aims to improve the well-being and early education of children who have special needs but do not qualify for publically funded early intervention programs.

A table of the Northwest Maricopa Regional Partnership Council's funded strategies for fiscal year 2015 is provided in **Appendix 3**.

This report also highlighted some additional needs that could be considered as targets by stakeholders in the region:

- **Fewer services and resources available in smaller, less densely populated communities in the region** – A wide variety of health and social services are available in the Northwest Maricopa Region, and the majority are concentrated in Glendale and neighboring communities that are proximal to the Phoenix metropolitan area. Residents of communities in the region further to the northwest (such as Aguila, Wickenburg, Morristown, and Wittmann) may have difficulty accessing these services. This issue may be particularly salient for grandparents raising their grandchildren and teenage parents

who are in need of support services, as these individuals may be particularly vulnerable to transportation barriers.

- **Supports and resources for foster parents** – Data collected for this report indicate that although child removals by CPS and the number of children currently in foster care who were removed between birth and age five have increased in recent years, there is a shortage of foster homes throughout the Northwest Maricopa Region. This shortage is most pronounced in Glendale, where the number of children needing foster homes exceeded the number of available foster homes by between 56 and 89 in several zip codes. Efforts to understanding barriers for recruiting foster parents and finding ways to connect foster parents with resources are likely to be important first steps in addressing this need.
- **Outreach in communities with large Hispanic populations** – Outreach and collaboration with local institutions (such as schools and early child care providers) where stakeholders see themselves as advocates for the Hispanic population is important to reaching this population. Recent legislation and the perception of a current anti-immigrant climate has led to feelings of distrust and anxiety about accessing support services among the Hispanic population. Service access and parental involvement in early education may be improved through Spanish-speaking liaisons or other services, particularly for monolingual Spanish-speaking families.
- **Connecting more families with early education opportunities** – A low proportion of young children (28%) are estimated to be enrolled in early education settings in the Northwest Maricopa Region. Leveraging existing strategies (such as family resource centers and home visitation) to connect more families with early education opportunities and available scholarships may be helpful to families. For families that prefer or need to use friend and family care, education and hands-on opportunities for parents and caregivers to learn about early childhood enrichment, health and safety can be beneficial.

Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among First Things First and other state agencies, the Northwest Maricopa Regional Partnership Council and staff, local providers and other community stakeholders in the region. Families with young children are drawn to Maricopa County and the communities of the Northwest Maricopa Region for the numerous opportunities that are potentially available to residents. Continued collaborative efforts have the long-term potential to make these opportunities available to more families across the Northwest Maricopa Region.

Appendix 1. Table of Regional Assets

First Things First Northwest Maricopa Regional Assets

A variety of opportunities available to families with young children, including many services and non-profit organizations with the goals of supporting, educating, and improving the health and well-being of families.

Head Start and Early Head Start programs are available throughout the region.

Numerous professional development opportunities for early childhood professionals are available through Arizona State University as well as community colleges within and proximal to the region.

TEACH and non-TEACH scholarships funded by the Northwest Maricopa Region enable more early childhood professionals to take advantage of professional development opportunities.

Rates of prenatal care in the region are high.

High schools in the region graduate a high proportion of their students—a greater proportion than Maricopa County district and charter schools overall.

More than half of births in the region are to mothers with more than high school-level education, and this rate has steadily increased in the last few years.

Multiple organizations aim to provide support to teenage parents within the region.

The First Things First Northwest Maricopa Region funds a variety of strategies which support and benefit families throughout the region, including (but not limited to) an Oral Health strategy, a Home Visitation strategy, a Food Security strategy, Family Resource Centers, and a Family Support – Children with Special Needs strategy.

There are ongoing efforts to improve system coordination in the region and in Maricopa County overall, which, if successful, may improve collaboration among providers and the quality of coordinated care available to families in the region in the long run.

Appendix 2. Table of Regional Challenges

First Things First Northwest Maricopa Regional Challenges

The growing population in the Northwest Maricopa Region and projected increase in births in Maricopa County will likely lead to an increased demand for services and resources for young children and their families in the coming years.

Although the proportion of children living in a grandparent's household in the region is equivalent to county and state percentages, in Aguila and Wittmann these percentages are much higher, suggesting a need for services that support grandparents in these communities.

In Aguila, the linguistic isolation rate is 20 percent. El Mirage, Glendale, and Youngtown also have higher linguistic isolation rates than the average for the region.

Poverty rates vary markedly across communities in the region, and other economic data indicate pockets of economic need throughout the region.

A low proportion of children ages three and four are estimated to be enrolled in early education opportunities in the region.

Data about the cost of child care by percent of median family income suggest that affording child care may be a barrier to accessing early education for families in the region.

The rate of tobacco use during pregnancy is slightly higher in the region than in the state overall, and exceeds the Healthy People 2020 target.

Three communities in the region (Glendale, El Mirage, and Wickenburg) are considered to be Health Professional Shortage Areas by the Arizona Department of Health Services. Wickenburg and El Mirage are considered to be Dental Health Professional Shortage Areas.

A greater proportion of children in school districts in the Northwest Maricopa Region are enrolled in special education than in Maricopa County public and charter schools overall.

There is a shortage of foster parents in the region. This shortage is most pronounced in Glendale.

There are fewer services and resources available in smaller, less densely populated communities in the region, particularly those furthest to the northwest.

Appendix 3. Table of Regional Strategies, FY 2015

Northwest Maricopa Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	Strategy	Strategy Description
Quality and Access	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.
	Kindergarten Transition	This strategy is presently in a pilot stage; a full description is not available.
	Quality First Scholarships	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children. Provides scholarships to quality preschool programs in a variety of settings to allow programs to serve more children. Increases the number of 3- and 4-year olds enrolled in high quality preschool programs that prepare them to succeed in kindergarten and beyond.
Professional Development	Scholarships TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	Scholarships non-TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	Recruitment into Field	Recruit new early care and education professionals by offering scholarships for higher education. Improves the quality of early child care and education by expanding access to training and offering career counseling to potential early education workers.
Family Support	Home Visitation	Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connects families to resources to support their child's health and early learning. Gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Provides developmental screenings. Connects parents with community resources to help them better support their child's health and early learning.

Northwest Maricopa Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015

Goal Area	Strategy	Strategy Description
	Family Resource Centers	Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development. Strengthens families of young children by providing locally-based information and instruction on health and child development issues. Provides parent education and health insurance enrollment assistance.
	Family Support-Children with Special Needs	Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential. Improves the education and health of children with special needs who don't qualify for publicly funded early intervention programs. Conducts developmental screenings.
	Food Security	Distribute food boxes and basic necessity items to families in need of assistance who have children birth to 5 years old. Improves the health and nutrition of children 5 and younger and their families.
	Parent Education Community-Based Training	Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development. Strengthens families of young children by providing locally-based information and instruction on health and child development issues.
Health / Mental Health	Child Care Health Consultation	Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care. Improves the health and safety of children in a variety of child care settings.
	Care Coordination/Medical Home	Provides children and their families with effective case management, and connect them to appropriate, coordinated health care. Improves children's health care and future development by ensuring they have a regular source of care. Provides health insurance enrollment assistance. Conducts developmental screenings.
	Oral Health	Provides oral health screenings and fluoride varnish in a variety of community-based settings; provides training to families on the importance of oral health care for their children; and provides outreach to dentists to encourage service to children for a first dental visit by age one. Decreases preventable oral health problems in young children.

Northwest Maricopa Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015

Goal Area	Strategy	Strategy Description
	Mental Health Consultation	Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase capacity of workforce. Helps child care staff and early childhood programs to support the social-emotional development of young children.
	Nutrition/Obesity/Physical Activity	Provides health education focused on obesity prevention to children, families and early care and education professionals. Improves the health and safety of young children by providing community-based health education on a variety of topics including: healthy food choices and appropriate physical activity.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Coordination	Service Coordination	Through coordination and collaboration efforts, improves and streamlines processes including applications, service qualifications, service delivery and follow-up for families with young children. Reduces confusion and duplication for service providers and families. Strengthens and improves the coordination of services and programs for children 5 and younger.
Community Outreach	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.
	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.

Appendix 4. Data Sources

Arizona Department of Administration, Office of Employment and Population Statistics (December 2012). "2012-2050 State and county population projections (Medium series)." Retrieved from <http://www.workforce.az.gov/population-projections.aspx>

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Appendix 5. Data from the 2010 US Census, by zip code tabulation area (ZCTA)

COMMUNITY	ZCTA	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)
Aguila		1,197	103	407	65
	85320	1,197	103	407	65
El Mirage		31,787	4,049	9,414	2,816
	85335	31,787	4,049	9,414	2,816
Glendale		266,590	23,656	93,355	16,879
	85301	60,161	7,543	19,748	5,128
	85302	36,909	3,053	14,074	2,182
	85303	30,310	3,290	8,567	2,315
	85304	19,671	1,338	7,083	979
	85305	10,822	935	3,720	697
	85306	16,604	1,131	6,022	834
	85307	9,230	1,048	3,099	767
	85308	63,876	4,195	24,405	3,136
	85310	19,007	1,123	6,637	841
Morristown		1,578	116	655	79
	85342	1,578	116	655	79
Peoria		158,093	12,355	58,438	9,051
	85345	56,208	4,745	20,520	3,459
	85381	24,249	1,417	9,195	1,061
	85382	40,454	2,793	16,643	2,071
	85383	37,182	3,400	12,080	2,460
Sun City		45,145	787	26,109	554
	85351	27,789	28	17,398	25
	85373	17,356	759	8,711	529
Sun City West		26,709	33	16,013	25
	85375	26,709	33	16,013	25
Surprise		120,935	11,490	44,440	8,232
	85374	47,146	3,169	20,386	2,257
	85379	39,732	4,866	12,298	3,507
	85387	10,567	607	4,471	423
	85388	23,490	2,848	7,285	2,045

COMMUNITY	ZCTA	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)
Waddell		8,745	901	2,733	623
	85355	8,745	901	2,733	623
Wickenburg		8,621	458	3,857	323
	85390	8,621	458	3,857	323
Wittmann		6,700	532	2,254	370
	85361	6,700	532	2,254	370
Youngtown		6,156	603	2,470	411
	85363	6,156	603	2,470	411

Source: US Census (2010). Tables P1, P14, P20.

Notes: ZCTAs 85304 and 85306 are shared with the North Phoenix FTF Region. The parts of these two areas which lie in the city of Glendale are in the Northwest Maricopa FTF Region. About 76 percent of the total population of 85304 live in Glendale, and about 69 percent of the total population of 85306. Please also note that ZCTA 85374 also includes 85378. 85378 is the eastern portion of Surprise, east of Grand Avenue. The zip code was created from 85374 in July of 2010. This zip code therefore does not appear in Census 2010 data. In table above, all residents of what is now 85378 are therefore counted in 85374.